Young Adjustment Company, Inc. 900 Lenmar Drive

Blue Bell, PA 19422

Phone: 215-654-6800: Fax: 215-654-6801 Email: <u>dhorowitz@youngadjustment.com</u> Contract Date: October 13, 2021

PUBLIC ADJUSTER CONTRACT

The undersigned "insured" hereby retains Young Adjustment Company, Inc. ("Public Adjuster") to advise and assist in the adjustment of the insurance claim arising from loss at 801 Loch Alsh Avenue, Fort Washington, PA 19034, which occurred on or about the 1st day of September 2021. The insured agrees to pay Young Adjustment Company, Inc., whichever is less, a flat fee that will not exceed \$350,000.00 or 2.5% collected by the insured from the insurance company to consult and administer the insurance claim. Interim invoices will be sent from Young Adjustment Company, Inc. as insurance checks are received by the insured. This agreement contains the entire contract between the parties and may not be changed, altered or amended in any form. The insured has a right to rescind (cancel) this contract for any reason whatsoever within three (3) CALENDAR days after the execution date of the contract by completing the Notice of Rescission/Cancellation on page 2.

SEE ADDENDUM

DISCLOSURES REQUIRED BY ACT 21 of 2012

The parties to this contract hereby acknowledge the following by initialing where indicated and signing below:

The insured has the right to rescind this contract within THREE CALENDAR DAYS after signature.

	DH public adjuster	insu	red		
The fee charged by the public adjuster for services will be a amount collected by the insured for the loss and will be paid payments made by the insurer.	rged by the public adjuster for services will be a flat fee of \$350,000.00 not to exceed 2.5% final lected by the insured for the loss and will be paid from the claim proceeds and not in addition to the nade by the insurer. DH public adjuster insured				
The public adjuster will provide the insured a copy of the es request, the public adjuster will provide copies of any support the insurer.	timate or report of loss orting documentation the DH public adjuster	es and, upon t ne public adjus insu	ter sends to		
The public adjuster is not a representative or an employee of licensee of the Insurance Department.	of the insurer. The public DH public adjuster	c adjuster is ar insu	-		
Public Adjuster's Signature David Horowitz #646320	Insured's Signature				
Public Adjuster's Name and License Number	Insured's Name				
	Address				
	City	State	Zip		

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PA Ins. Dept Revised August 20, 2012
Approved for Use Effective September 30, 2012

NOTICE OF RIGHT TO RESCIND OR CANCEL

You, the insured, may rescind (cancel) this contract at any time prior to midnight on the THIRD (3rd) calendar day after the execution date of this contract. If you exercise your right to cancel this contract, you will be liable for reasonable and necessary emergency out-of-pocket expenses or services which were paid for or incurred by the public adjuster to protect your interests during the period preceding cancellation. You should also provide notice of this contract termination promptly to your insurance company.

If you cancel this contract, anything of value given by you under the contract will be returned to you within fifteen (15) business days following the receipt by the public adjuster of your cancellation notice, and any security interest arising out of the contract will be cancelled. To cancel this contract, mail, fax or deliver in person a signed and dated copy of the following notice or any other written notice indicating your intent to cancel and the date thereof to Young Adjustment Company, Inc. at 900 Lenmar Drive, Blue Bell, PA 19422 not later than midnight of _____

NOTICE OF RESCISSION/CANCELLATION OF CONTRACT

I hereby rescind and cancel this contract.	
Insured's Signature	-
Date	-

DISCLOSURE OF ADDITIONAL COMPENSATION AND/OR FINANCIAL INTEREST (COMPLETE IF APPLICABLE – IF NOT, INSERT "DOES NOT APPLY" BELOW)

The Public Adjuster hereby discloses and, by signing this contract, the insured hereby agrees to the public adjuster's receipt of compensation, commission or other things of value from the following person (s) engaged in the business of salvage, repair, replacement, renovation or demolition of damaged property:

B-op-ory.		
Not Applicable		
The Public Adjuster hereby discloses that he or she has a direct or indirect financial interest in the following persons or entities that may be involved in providing services in conjunction with an aspect of the insured's loss:		
Not Applicable		
T.F. Common		
DH public adjuster initials insured initials		

<u>ADDENDUM</u>

The following is a list of services we will be providing:

- A detailed review of your insurance coverages;
- A preliminary inspection of the building damages and detailed photographs;
- Prepare and provide a building estimate with detailed specifications to serve as an insurance claim for the total amount of the damages for presentation to the Insurance Company Adjuster;
- Prepare and provide a detailed contents claim;
- Prepare and provide your loss of income claim to the carrier;
- Assist in the compilation of emergency cost breakdown;
- Utilize the provisions of the policy as they apply to various areas; Code being one example;
- Obtain and request on-going advance payments towards settlement of the claim;
- Keep you apprised of the on-going progress of the claim and all offers received from the insurer;
- Furnish estimates to the Insurer's Adjuster, after your approval;
- Meet with the Insurance Company Adjuster and conduct the negotiations of the insurance claim in order to effect a settlement.