

PUBLIC ADJUSTER FEE CONTRACT

INSURED AFFIDAVIT OF STATUTORY RIGHT PROVIDED IN 627.351(6)(a)(6)

Effective May 11, 2011, Florida Statute Section 627.351(6)(a)6. Was enacted affected the fee charged by a public adjuster for claims filed under a policy of insurance issued by Citizens Property Insurance Corporation. The statute provides:

For any claim filed under any policy of the corporation, a public adjuster may not charge, agree to, or accept any compensation, payment, commission, fee, or other thing of value greater than 10 percent of the additional amount actually paid over the amount that was originally offered by the corporation for any one claim.

As a result of the passage of the above mentioned statute the Florida Department of Financial Services has released an interpretation of the above mention statute listed below:

FLDFS INTERPRETATION

A public adjuster can contract with the Citizens policyholder at anytime allowed by law but is prohibited from charging, receiving or collecting any fee or other compensation based on the amount of the original offer actually paid by Citizens. A public adjuster cannot charge more than 10% of any amount paid in excess of the original offer that is paid by Citizens.

I _____ as a current policy holder of Citizens Property Insurance Corporation, hereby affirm that the Public Adjuster Fee Contract Statute as outlined above, limits my access to representation during the beginning of the claim process with Citizens Property Insurance Corporation, which is when the representation by a public adjuster in my opinion is most crucial. I would ask that the legislature and or courts to repeal this statute as unconstitutional as it infringes on my rights to find adequate professional public adjuster representation.

ACKNOWLEDGMENT BY INSURED: The undersigned insured hereby acknowledges, under oath, the following: I have read and understand this entire affidavit of my rights under the statutory provision set forth above. I am not under the influence of any substance, drug, or condition (physical, mental, or emotional) that interferes with my understanding of this entire affidavit in which I am signing. I have signed this affidavit freely and voluntarily.

Dated: This _____ day of _____, _____.

By: _____

Printed Name: _____

Insured: Sworn to and subscribed before me this _____ day of _____, _____ by _____, who is personally known to me, or has produced the

Following identification: _____.

_____ Notary Public My Commission Expires:

Dated this _____ day of _____, _____.