

DRJ CLAIMS

INSURANCE CLAIM ASSISTANCE

"we work for you"

www.drjclaims.com

2669 Thunderbird Dr.

Thousand Oaks, CA 91362-3246

either-or

601 Rosery Rd. NE 2502

Largo, FL 33770-3900

805 404-3406

AAA-fraud@msn.com

DANIEL R. JENKINS

RESIDENTIAL REMODELING SPECIALIST

GENERAL CONTRACTOR

CA LIC 482984 SINCE 1985

NOT A PUBLIC INSURANCE ADJUSTER

INVESTIGATOR - EXPERT WITNESS - APPRAISER

DRJ Claims Contract

"we work for you"

_____ (hereinafter "**Insured**") retains **DRJ Claims** to advise and assist using the skills of a licensed
Name of the Insured
General Contractor in the measurement and documentation of the **Insured's** loss, and to advise and assist in **Insured's** presentation of claim to
the insurance company(ies) for loss and damages from the danger/peril of _____ occurring on or about _____
that was sustained by **Insured's** property located at: _____
The Insurer is _____ with the policy number of _____
Insurer agrees to pay **DRJ Claims** for services rendered on behalf of **Insured** 10% _____ of the amount paid by the insurance
company(ies) after the date of this contract, plus such necessary expenses as approved by **Insured**.
Insured's Initials

The above contract is based upon a contract provided by the state of California and by many other states and must be used by licensed Public Insurance Adjusters. This contract has the potential to grossly over charge for services rendered, therefore we at **DRJ Claims** offer a **COST PLUS** arrangement, were we will provide an itemized accounting of time and out of pocket expenses with a 10% markup for overhead and a 10% markup for profit.

As **DRJ Claims** is paid from each check received from your insurer we will provide invoices for services as they occur, not to exceed 10% of claim. All payments made to: **Daniel R. Jenkins**

Effective date of this contract: _____. You may cancel this contract at any time before midnight of the third business day after the date of this contract. See the notice of cancellation form at the end of this contract for an explanation of this right.

▶ _____
Signature of Insured

▶ _____
Signature of Not a Public Insurance Adjuster

Notice of Cancellation

Date of Contract: _____

You may cancel this contract within three business days from the above date without any penalty or obligation to pay your public insurance adjuster, other than for reimbursement of moneys paid by your public insurance adjuster for out-of-pocket emergency expenses for you or on your behalf. If your public insurance adjuster seeks reimbursement from you for out-of-pocket emergency expenses, your public insurance adjuster shall provide you with an itemized statement of those emergency expenses advanced to you or on your behalf if the cancellation is made within the first three business days after the contract was initiated. Nothing in this contract permits your public insurance adjuster to recover any costs, except for those out-of-pocket expenses advanced to you.

If you cancel, any money or other consideration paid by you will be returned within five business days following the receipt of your cancellation notice, and any security interest arising out of the transaction will be canceled.

To cancel this contract, mail or deliver by certified mail, return receipt requested, or other form of mailing which provides proof of mailing, a signed and dated copy of this cancellation notice, or any other written notice, or send a telegram to:

DRJ Claims at **2669 Thunderbird Dr., Thousand Oaks, CA 91362** not later than midnight of _____
or **601 Rosery Rd., NE Apt 2502 Largo, FL 33770** (Date)

I hereby cancel this contract _____
Client's Signature

Date