

**Smart Claims Public Adjusting**  
3466 Progress Dr Suite 212  
Bensalem, PA 19020

☎: (267) 241-9155  
✉: support@smartclaimspa.com



**PUBLIC ADJUSTER CONTRACT**

The undersigned “insured” hereby retains **Smart Claims Public Adjusting** (“Public Adjuster”) to advise and assist in the adjustment of the insurance claim arising from loss at 34820 Capstan Lane Lewes DE 19958, which occurred on or about the 25th day of October 2022. The insured agrees to pay the Public Adjuster for such services a contingent fee of 2.5 / 10 % of the amount paid by the insurance company for this loss. The contingent fee of the Public Adjuster shall be due from each draft or check issued by the insurance company in the percentage listed in this contract. In addition to the contingent fee, and if the insured agrees in advance, the insured will reimburse the Public Adjuster for extraordinary expenses above and beyond the normal costs of doing business, such as expert witness fees and expenses, engineer and inspection fees. **Insured:** by signing this contract you request and authorize your insurer to add the Public Adjuster as an additional payee on all drafts or checks pertaining to this loss. 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.**

**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.**

public adjuster  insured

**The fees charged by the public adjuster for services will be no more than 2.5% of the first \$25,000 paid by the insurer for the loss and will be paid for the claim proceeds and not in addition to the payments made by the insurer. The public adjuster will charge no more than 12% of the amount paid by the insurer above \$25,000.**

public adjuster  insured

**The public adjuster will provide the insured a copy of the estimate or report of losses and, upon the insured’s request, the public adjuster will provide copies of any supporting documentation the public adjuster sends to the insurer.**

public adjuster  insured

**The public adjuster is not a representative or an employee of the insurer. The public adjuster is an independent licensee of the Insurance Department.**

public adjuster  insured

By signing below, the parties agree to the terms stipulated in this contract:

DocuSigned by:  
Brendan Steinbrecher

Public Adjuster’s Signature

Brendan Steinbrecher 3001042797

Public Adjuster’s Name and License Number

7/14/2023 | 11:43 AM EDT

Date

Insured’s Signature

Michael Cheikin

Insured’s Name

34820 Capstan Lane

Address

Lewes DE 19958

City State Zip

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**NOTICE OF RIGHT TO RESCIND OR CANCEL**

You, the insured, may rescind (cancel) this contract at any time prior to midnight on the THIRD (3<sup>rd</sup>) 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 **Smart Claims Public Adjusting at 3466 Progress Dr Suite 212 Bensalem, PA 19020** no later than midnight of \_\_\_\_\_.  
+ 3 Days

**Smart Claims Public Adjusting**  
3466 Progress Dr Suite 212  
Bensalem, PA 19020

**NOTICE OF RESCISSION/CANCELLATION OF CONTRACT**

I hereby rescind and cancel this contract.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

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**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:

N/A

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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:

N/A

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public adjuster initials

insured initials

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**AUTHORIZATION & LETTER OF REPRESENTATION**

To The Insurance Companies:

This is to certify Smart Claims Public Adjusting and their representatives are hereby retained to advise and assist in the adjustment of the insurance claim arising from a loss by: water which occurred at 34820 Capstan Lane Lewes DE 19958 on or about the 25th day of October, 2023 and to assist in the processing of the settlement checks and any claims related documentation.

This will serve to notify my insurance carrier that by my/our signatures below, I/we authorize the name Smart Claims Public Adjusting to be on all drafts and checks pertaining to this loss and to forward all same to:

**Smart Claims Public Adjusting**  
3466 Progress Dr Suite 212  
Bensalem, PA 19020

Please allow this document to serve as my/our formal request that a full copy of the insurance policy be sent to my Public Adjusters – **Smart Claims Public Adjusting** as soon as possible.

If acceptable a pdf digital copy will suffice in lieu of a paper mailing. Please send the digital copies of the policy to **support@smartclaimspa.com** - a paper copy has to be mailed, please mail to the above noted address.

**Witnessed By:**

**Insured:**

DocuSigned by:  
Brendan Steinbrecher

Signature

Brendan Steinbrecher

Print

\_\_\_\_\_  
Insured's Signature

Michael Cheikin

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Date

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**Payment Authorization**

The policyholder Michael Cheikin and/or \_\_\_\_\_  
(client) understands that by signing, they authorize Smart Claims Public Adjusting to accept and negotiate any insurance payment or settlement check. Authorization includes the right to endorse any check, deposit into escrow, and to communicate with any direct mortgage to secure its acceptance or endorsement on any payment.

**Prior Claim Background Data:**

I/We, Michael Cheikin and/or \_\_\_\_\_ known as the policyholder(s) have  or have not  incurred any prior claims in the last 5 years. If you have, please list below.

**Prior Claim Details:**

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature  
Michael Cheikin

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Date