OHIO
PUBLIC ADJUSTER CONTRACT

7300 State Highway 121, Suite 650, McKinney, TX 75070
214-373-6600 claims@coadj.com

Date: _____

I/We, the insured/s_____hereby retain **Continental Adjusters LLC, Public Adjuster (#1630864),** to advise and assist in the adjustment of an insurance claim arising from a loss due to

Wind occurring on or about _____,20_____at a loss address of:

30435 Lake Shore Blvd., Willowick, OH 44095

In full and complete consideration for the services outlined in this contract, the Insured/s agree to pay and assign to Continental Adjusters LLC a fee of 10 %, such fee not to exceed 20 percent (20%), of all sums recovered from our insurance company after the date of this contract. Insured/s also agree to pay any approved, necessary expenses incurred by Continental Adjusters LLC on insured/s behalf.

Continental Adjusters LLC's fee will be due and payable from each insurance check or draft in the percentage listed in this contract.

By: _____
Signature of Public Adjuster

02/05/26
Date

Insured: _____
Print Name Signature

By: Kenneth O. D. Bird
Print Name of Public Adjuster

Insured: _____
Print Name Signature

ADDRESS: _____

License No.: 1591981

NOTICE OF RIGHT TO CANCEL

Date of Contract: _____ Name of Insured: _____

You may cancel this contract, without penalty or obligation, prior to midnight on the third business day after the above date. If you exercise your right to cancel this contract, you will remain liable for reasonable expenses and necessary emergency out-of-pocket expenses or services Continental Adjusters LLC incurred on your behalf that were necessary to protect your investment between signing of the contract and cancellation.

If you cancel, anything of value given by you under the contract will be returned within fifteen business days following the receipt by the public adjuster of your cancellation notice, and any security interest arising out of the contract will be canceled.

To cancel this contract, mail, email, or personally deliver a signed and dated copy of this notice, or any other written notice, indicating your intent to cancel and date of cancellation, to the address shown at the top of the public adjuster contract, no later than midnight of _____

I HEREBY CANCEL THIS CONTRACT

Adjuster: _____
Print Name of Public Adjuster

Insured Name and Signature:

_____

Insured Name and Signature:

_____

Date:

_____

Execute in Duplicate