



Michael A. Vaughan, P.A.
Public Insurance Adjusters
California License #: 2B88210

We represent the Insured only

Office#: (310) 317-0046
Fax #: (310) 317-0056
Toll Free: (800) 206-1228

Please be advised that I have employed the services of Michael A. Vaughan Public Adjusters to advise and assist in the conclusion of my loss caused by _____ on _____ located at _____

Michael A. Vaughan Public Adjusters shall measure, document, and negotiate said loss and damage with my insurance company. For services provided by Michael A. Vaughan Public Adjusters, I agree to pay them _____ % of the adjusted payable claim when payment is received from the insurance company. In addition, I authorize that Michael A. Vaughan Public Adjusters be named as one of the payees on the insurance proceeds issued on this loss.

I understand that Michael A. Vaughan Public Adjusters' fees are not covered, or owed by my insurance company.

Company Representative

Insured

Date

Time

Insured

This agreement may be canceled in accordance with California's Public Adjuster's Act. To cancel mail or deliver a signed and dated notice, or telegram, within seventy-two (72) hours from this contract date to: Michael A. Vaughan Public Adjusters at 20563 Big Rock Drive, Malibu, California 90265.

I have read and received a copy of this entire agreement.

Initials