

STATEMENT OF POLICYHOLDER RIGHTS

1. I understand that different licensed adjusters may be involved in the claim process, including a company adjuster, an independent adjuster, and a public adjuster.
 - a. Both company and independent adjusters are contracted or employed to adjust and investigate claims on behalf of the insurer.
 - b. Public insurance adjusters work exclusively to adjust the claim for a policyholder and are not a representative or employees of an insurer.
2. I understand that I am not required to hire a public adjuster, but I have the right to do so.
3. A policyholder/insured has the right to initiate direct communications with their own attorney, the insurance company attorney, the insurance company's adjuster, or any person regarding the settlement of the insured's claim.
4. I understand that a public adjuster's salary, fee, commission or other consideration is to be paid to a public adjuster is the insured's responsibility.
5. A public adjuster must provide you with an unaltered copy of the executed contract at the time of execution.
6. If the contract is entered into in connection with events that are the subject of a declaration of a state of emergency by the Governor, the insured has a right to rescind the contract within 30 days from the date of the event or 10 days after the date on which the contract is executed, whichever is longer.
7. Your public adjuster shall provide you with an unaltered copy of this Statement of Policyholder Rights at the time of execution.
8. A contract that does not comply with the above is invalid and unenforceable.
9. The Department may adopt rules pursuant to SS 120.536 (1) and 120.54 to implement this section, including rules to adopt forms required by this section.
10. Learn more about your rights and obligations through the [Florida Homeowner Claims Bill of Rights https://myfloridacfo.com/docs-sf/insurance-consumer-advocate-libraries/ica-documents/homeowner-claims-bill-of-rights-guide.pdf](https://myfloridacfo.com/docs-sf/insurance-consumer-advocate-libraries/ica-documents/homeowner-claims-bill-of-rights-guide.pdf)

POLICYHOLDER NAME(S): _____

POLICYHOLDER SIGNATURE(S): _____ DATE: _____

POLICYHOLDER NAME(S): _____

POLICYHOLDER SIGNATURE(S): _____ DATE: _____