



EDDIE RUSSECK Public Adjusters, Inc.
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DISBURSEMENT OF FUNDS ADDENDUM

Insured(s)

Loss Type

Insured(s)

Date of Loss

Loss Location

By my/our signature below, I/we hereby agree and authorize Eddie Russeck Public Adjusters Inc. to deduct the agreed upon contingency fee of _____ % from each payment made by my insurance company for services performed to date, regardless of whether the name of Eddie Russeck Public Adjusters Inc. appears on the check. If a settlement check is sent directly to me, I/we agree to forward that check to Eddie Russeck Public Adjusters Inc. within 7 days of receipt for processing.

I understand that any emergency service fees incurred in this loss will be deducted from my insurance settlement in addition to the public adjuster's contingency fee stated above.

Signature of Eddie Russeck Public Adjusters Representative

Signature of Insured or Acting Agent

Date