

**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 Eddie Russeck Public Adjusters Inc., 2211 Naudain Street, Philadelphia, PA 19146 not later than midnight of (date).

**NOTICE OF RESCISSION/CANCELLATION OF CONTRACT**

I hereby rescind and cancel this contract:

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

\_\_\_\_\_  
Date

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ public adjuster initials      \_\_\_\_\_ insured initials