

RE: INSURANCE CLAIM CONTINGENCY FEE REPRESENTATION AGREEMENT

Date: [Date]

Client Name: [Client Name]

Address: [Client Address]

Claim Number: [Claim Number]

Insurance Carrier: [Insurance Company Name]

This agreement confirms that [Firm/Representative Name] ("Representative") will represent [Client Name] ("Client") in connection with the insurance claim arising from [Description of Loss/Event] occurring on [Date of Loss].

1. Scope of Services: Representative will assist Client in the investigation, documentation, negotiation, and settlement of the insurance claim referenced above.

2. Contingency Fee Arrangement: This is a contingency fee agreement. Client agrees to pay Representative a fee equal to [Percentage]% of the total gross recovery obtained from the insurance carrier. If no recovery is made, Client owes no fee to Representative.

3. Calculation of Fees: The fee shall be calculated based on the total amount paid by the insurer, including any payments for building, personal property, or additional living expenses. Fees are earned at the time the insurance carrier issues payment.

4. Costs and Expenses: [Choose one: Representative shall advance all costs OR Client is responsible for costs such as expert reports, appraisals, and filing fees]. All advanced costs will be deducted from the Client's share of the recovery upon settlement.

5. Client Cooperation: Client agrees to provide all necessary documentation, truth-of-fact statements, and access to the property to facilitate the claim process.

6. Termination: Either party may terminate this agreement upon written notice. If terminated by Client, Representative may be entitled to a lien for the value of services rendered up to the date of termination.

7. No Guarantee: Representative makes no guarantee regarding the successful outcome or the specific amount of any potential recovery.

Signatures:

[Client Signature]

Date: _____

[Representative Signature]
Date: _____