



LETTER OF REPRESENTATION

Insured: _____ **Insured:** _____

Loss Address: _____

Date of Loss: _____ **Cause of Loss:** _____

Insurance Company: _____ **Policy Number:** _____

Claim Number: _____

The Insured hereby agrees to the retention of BrightHive Solutions, LLC (the PA) to provide representation of the policyholder's interest for loss or damage that occurred at the address of loss specified above under the following terms:

The Insured hereby direct the insurance carrier to communicate directly with and provide information to the above-named public adjuster as if they were themselves the insured. The Insured further authorizes and requests that the Insurer include the name of the Public Adjuster company, BrightHive Solutions, LLC, as an additional payee on all payments related to the above-referenced claim. This provision shall remain in full force and effect unless revoked by mutual written agreement of the insured and PA.

The Insured agrees to pay to the PA an amount equal to ____% of the gross amount of the collected loss or damage recovered regardless of whether the loss is settled or paid by the insurance company or by reason of the above referenced policy as a result of adjustment, mediation, appraisal, arbitration, lawsuit or otherwise, on all coverage applicable under the referenced policy or any other applicable policy, including, without limitation, claims for bad faith and extra contractual damages or loss (hereafter referred to as the "PA fee"). If no recovery is made, the Insured will not be indebted to the PA for any sum of fees.

The Insured hereby authorizes the PA to hire the professional services of appraisers, umpires, estimators, engineers, and any other experts as may be deemed necessary by the PA. Any costs associated with said claims recovery will be reimbursed to the PA. The Insured must consent to the cost prior to the PA hiring said professional(s). The Insured understands that it is responsible to pay the PA its fee, out of any and all insurance proceeds, prior to any payment to anyone else, including but not limited to mortgage companies, insurance companies, lenders, creditors, or any third parties, of any kind, or any other individual or corporations. The Insured hereby agrees that the Insured is solely responsible to timely obtain any and all mortgage endorsements necessary of said payments/checks so as to release payments to the PA. The PA shall in no event be obligated to conform to mortgage company requirements, in order to receive agreed to fee payments, and or out of pocket reimbursements.

The Insured acknowledges that the PA has made no guarantees regarding the dispositions or results of any stage of the claims process and all expressions made on behalf of the PA are the opinion of the PA based on information known at that time. The Insured represents that all information given to the PA is true and accurate.

Insured: _____ **Insured's signature:** _____ **Date:** _____

Insured: _____ **Insured's signature:** _____ **Date:** _____

PA's Name: Marko Stojic **PA's Signature:** _____ **Date:** _____