

ANTON ADJUSTMENT Co., Inc.

65 WIELAND AVENUE
STATEN ISLAND, NY 10309

97-04 101ST AVENUE
OZONE PARK, NY 11416
718-641-5700
LIC #PA-707698

LONG ISLAND:
MERRICK: 516-624-0541

CHARLES Henry Properties LLC hereby retains
Anton Adjustment Co., Inc. to act or aid in the preparation, presentation, adjustment and negotiation of or effecting
the settlement of the claim for the loss or damage by _____ sustained at
336 E. 56TH Street N.Y. NY. 10022 on February 6, 2018
and agrees to pay the adjuster for such services a fee of TEN percent (10%) of the amount of the loss
including salvage when adjusted or otherwise recovered from the insurance companies.

NOTICE TO INSURED

PUBLIC ADJUSTERS MAY NOT CHARGE ANY INSURED FEES WHICH TOTAL MORE THAN 12-1/2% OF THE RECOVERY FOR THE LOSS ADJUSTED BY SUCH ADJUSTERS.

THE FEE TO BE CHARGED UNDER THIS COMPENSATION AGREEMENT MAY BE NEGOTIATED BETWEEN THE PARTIES FOR LESS THAN 12-1/2%. A LOWER FEE THAN 12-1/2% MAY BE NEGOTIATED WITH YOUR PUBLIC ADJUSTER. YOU, THE INSURED, SHOULD DISCUSS THE AMOUNT OF THE FEE WITH YOUR PUBLIC ADJUSTER BEFORE SIGNING ANY COMPENSATION AGREEMENT. THE AMOUNT YOU HAVE AGREED UPON MUST BE INITIALED BY YOU.

THIS COMPENSATION AGREEMENT IS VALID ONLY IF BOTH IT AND THE ATTACHED NOTICE OF CANCELLATION, ARE WRITTEN IN THE SAME LANGUAGE AS THAT PRINCIPALLY USED IN THE ORAL NEGOTIATIONS AND PRESENTATION.

YOU MAY CANCEL THIS COMPENSATION AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS COMPENSATION AGREEMENT. YOU SHOULD READ THE ATTACHED "NOTICE OF CANCELLATION" FORM FOR AN EXPLANATION OF THIS RIGHT.

[Signature]
NAME OF PUBLIC ADJUSTER OR LICENSED REPRESENTATIVE

X [Signature]
SIGNATURE OF PUBLIC ADJUSTER

TIME OF AGREEMENT

(X) [Signature]
SIGNATURE OF INSURED

ADDRESS & PHONE OF INSURED

2/23/18

DATE OF AGREEMENT

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS COMPENSATION AGREEMENT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE ABOVE DATE.

IF YOU CANCEL, ANY PAYMENTS MADE BY YOU UNDER THE AGREEMENT AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN TEN BUSINESS DAYS FOLLOWING RECEIPT BY THE PUBLIC ADJUSTER OF YOUR CANCELLATION NOTICE AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED.

TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE, OR SEND A TELEGRAM, TO:

ANTON ADJUSTMENT CO., INC.
97-04 101ST AVE., OZONE PARK, NY 11416

NO LATER THAN MIDNIGHT OF _____ 20 _____

I HEREBY CANCEL THIS TRANSACTION:

DATE: _____ INSURED'S SIGNATURE: _____