

POA

Policyholders of America

888-648-8823

PUBLIC ADJUSTER PROFESSIONAL ETHICS PLEDGE

POA is proud to refer its members to Public Adjusters who pledge to follow ethical guidelines as set forth by POA.

The following is the pledge we ask each and every Public Adjuster to sign and send back to us if they want to be placed on our referral list. An additional page to fill out also is attached.

THE PLEDGE TO UPHOLD PROFESSIONAL AND ETHICAL CONDUCT:

As a professional, I pledge to **not minimize or overstate the level of damage and/or repairs required.** .

As a professional, I will **fully explain in advance to the execution of any contract with me, my fees and what will occur to my fees if I am unsuccessful in securing proper payment for repairs covered by the insurance policy.**

As a professional, if I am unable to accomplish the goal of securing proper payment for repairs covered by the insurance policy, and the policyholder is forced to pursue legal recourse against the insurer, **I will not seek retribution against the policyholder.**

As a professional, I pledge to **provide the policyholder with a true and correct copy of any report, bid or estimate for damage** done on their home by me or my company and do so in a timely manner, if the POA-homeowner requests it.

As a professional, I pledge to **provide a true and correct scope of work to be performed and costs thereof**, regardless of policy limits or other restrictions, if any, for any job referred to me by POA.

As a professional, on POA-referred jobs, I pledge to **adhere to the most stringent published guidelines for assessment and remediation of mycotoxin-producing molds.** (It is understood that these guidelines, which may become mandates and at that time the mandates need only be followed, will change from time to time and it is critical that the companies we refer business to keep up with and practice the highest standards.)

As a professional, I pledge to **stay within the areas of my expertise and training** and not venture out of that area(s).

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As a professional, I pledge to **utilize, if and when applicable, the services of an accredited laboratory or laboratory operating under a public university** for sample analysis for all POA referred jobs. .

As a professional, I pledge to **personally attend or send representatives of my company to attend, at a minimum, one professional conference per year** so that I am kept abreast of the latest techniques, science, products, and methods used that will impact my business.

It is understood that **POA receives no compensation for its referrals.**

It is understood that POA does not accept any memberships from anyone other than homeowners and their legal representatives and **I am hereby representing that I am not a member of POA.**

It is also understood that if more than two POA members have issued formal complaints to POA about my services and POA has reason to believe those complaints are legitimate, I (or my company) may be taken off of the POA referral list until further notice. POA will extend me (or my company) the opportunity to appeal the decision to halt referrals.

POA referrals are provided within a geographic area and the geographic region in which you operate must be provided.

The undersigned is duly authorized to enter into this pledge on behalf of the company named below:

Company

Name/Title

Date

Signature

Other: Please provide a brief description of services performed, geographic territory covered, email and/or telephone number for POA members to call, charge for estimates (if applicable), and any other details you feel is important. A sheet is attached.

Fax the filled out form (ALL PAGES) and other information to: 888-648-8823. Thank you.

Melinda Ballard, Policyholders of America

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REFERRAL QUESTIONNAIRE: This must accompany pledge so that we can better serve requests for information

NAME OF COMPANY: _____

GEOGRAPHIC AREA/STATES COVERED: _____

AREA OF EXPERTISE:

LICENSED PUBLIC ADJUSTER (License number: _____)

REMEDIATOR

IAQ INVESTIGATOR: (check one or more)

investigator/tester

consultant

field technician

CONTRACTOR (check one)

General Contractor (Build-back)

HVAC

Plumbing

PRIMARY CONTACT: _____

SECONDARY CONTACT: _____

PHONE NUMBER: ____ (____) _____

WEBSITE: _____

EMAIL ADDRESS OF CONTACTS: _____

COMPANY ADDRESS: _____

NOTE: (If applicable): _____