

FIRST ADDENDUM TO PUBLIC ADJUSTER CONTRACT, LETTER OF REPRESENTATION, AND DISCLOSURE STATEMENT

This **FIRST ADDENDUM TO PUBLIC ADJUSTER CONTRACT, LETTER OF REPRESENTATION, AND DISCLOSURE STATEMENT** (this "Addendum"), entered into this ___ day of February, 2026 (the "Effective Date") by and between **BEN HILL COUNTY, GEORGIA** (the "County") and **NO-BULL CLAIMS LLC** (the "Public Adjuster"), amends the Public Adjuster Contract, Letter of Representation, and Disclosure Statement, all of which are between the same parties and dated February ___, 2026, as follows:

The Public Adjuster Contract, Letter of Representation, and Disclosure Statement are amended by adding following language:

Either party may terminate the Public Adjuster Contract, the Letter of Representation, and/or the Disclosure Statement entered into by the County and the Public Adjuster for any reason by giving the other party sixty (60) days' written notice.

IN WITNESS WHEREOF, the County and the Public Adjuster have executed or caused this Addendum to be executed on their behalf by their duly authorized representatives as of the dates indicated below.

IT IS HEREBY AGREED this ___ day of February, 2026.

BEN HILL COUNTY, GEORGIA

By: _____
Hal Wiley, Chairman

(Seal)

Attest: _____
Pamela Turner, Clerk

NO-BULL CLAIMS LLC

By: _____

(Seal)

DISCLOSURE STATEMENT

1. Property insurance policies obligate the insured to present a claim to his or her insurance company for consideration. Three (3) types of adjusters may be involved in the claim process as follows:
 - a. "**Company or Staff Adjuster**" means an insurance adjuster who is an employee of an insurance company who represents the interest of the insurance company and who is paid by the insurance company. A company or staff adjuster shall not charge a fee to the insured;
 - b. "**Independent Adjuster**" means an insurance adjuster who is hired on a contract basis by an insurance company to represent the insurance company's interest in the settlement of the claims and who is paid by the insurance company. An independent adjuster shall not charge a fee to the insured; and
 - c. "**Public Adjuster**" means an insurance adjuster who does not work for any insurance company. A public adjuster works for the insured to assist in the preparation, presentation, and settlement of the claim, and the insured hires a public adjuster by signing a contract agreeing to pay him or her a fee or commission based on a percentage of the settlement or other method of payment.
2. The insured is not required to hire a public adjuster to help the insured meet his or her obligation under the policy but has the right to hire a public adjuster.
3. The insured has the right to initiate direct communication with the insured's attorney, the insurer, the insurer's adjuster, and the insurer's attorney, or any other person regarding the settlement of the insured's claim.
4. The public adjuster is not a representative or employee of the insurer.
5. The salary, fee, commission, or other consideration to be paid to a public adjuster is the obligation of the insured, not the insurer.

INSURED:

Signature: _____
Name: Hal Wiley
Date: _____

PUBLIC ADJUSTER:

Signature: _____
Name: John Anderson Lic #3031451
Date: _____



No-Bull Claims LLC
P.O. Box 70091
Albany, GA 31708
claims@nobull.claims

LETTER OF REPRESENTATION

INSURED'S INFORMATION

Full Name(s) of Insured(s): BEN HILL COUNTY COMMISSION
Address, City, State, Zip Code: 212 E. CENTRAL AVE. FITZGERALD, GA 31750
Phone Number: (229) 426-2086 Email Address:

THE LOSS

Loss Address (Street, City, State and Zip): 212 E. CENTRAL AVE. FITZGERALD, GA 31750 & ALL SCHEDULED LOCATIONS
Date of Loss (On or about): 09/27/2024
Brief Description of Loss: HURRICANE
Claim Type: COMMERCIAL State of Emergency (Y/N): YES

INSURANCE COMPANY INFORMATION

Insurance Company(ies): ACCG INSURANCE PROGRAM
Policy Number(s): ACCGA-PR-24 Claim Number(s) (if applicable): 6250057899

- 1. Scope of Representation. The above referenced Insured (referred to individually as "INSURED" and collectively as "INSUREDS", if applicable) and Public Adjuster, No-Bull Claims LLC (hereinafter "PUBLIC ADJUSTER") have entered into a Public Adjuster Contract for services in which PUBLIC ADJUSTER is to act as its public insurance adjuster, agent, and representative to advise and assist in the evaluation, preparation, investigation, inspection, presentation, and adjustment with respect to all applicable claims for the Loss and/or damage (the "Claim") under any insurance policy with any insurance carrier.
2. Notice of Public Adjuster Representation. INSURED acknowledges and informs all insurance companies that a percentage of the insurance proceeds released from any insurance company for the Claim is being and has been assigned to PUBLIC ADJUSTER pursuant to this Agreement. Accordingly, INSURED authorizes and directs all insurance companies to include INSURED and PUBLIC ADJUSTER as co-payees on all insurance proceeds released in connection to the Claim in any form including, but not limited to, negotiable instruments, paper checks, drafts of paper checks, drafts of digital checks, and/or any other form of payment, from all insurance companies in connection to the Claim. Pursuant to this Letter of Representation, INSURED hereby authorizes and directs all insurance companies to mail, transmit, remit or otherwise send any payment of insurance proceeds, payments, instruments, checks, and/or drafts to PUBLIC ADJUSTER at the address of PUBLIC ADJUSTER listed herein and registered with the Department of Insurance in the State.
3. Requested Insurance Documents. Pursuant to this Letter of Representation and Public Adjuster Contract, INSURED has authorized and hereby instructs all insurance companies to direct all Claim-related communication and documentation, both prior to and after this engagement of PUBLIC ADJUSTER to INSURED and PUBLIC ADJUSTER at the e-mail address first set forth above in electronic format within seven (7) business days of PUBLIC ADJUSTER'S first notice of representation. Claim-related communication and/or documentation includes, but is not limited to, any of the following as applicable: (a) a certified copy of INSURED'S property insurance policy(ies) in effect at the time of the Loss in electronic/PDF format; (b) denial letter(s), or any relevant statement of policy or coverage defense used by the insurance company to deny or partially deny the Claim; (c) estimate(s) prepared by all insurance companies or third party adjuster(s) in connection to the Claim; (d) photographs; (e) reports, from engineers and/or third party adjuster(s) retained by any insurance company; (f) loss runs and underwriting documentation; (g) reservation(s) of rights; (h) electronic and physical correspondence between the insurance company(ies) and INSURED; (i) proof(s) of loss; and (j) checks, or copies of checks. INSURED hereby notifies all insurance companies of INSURED's intent to make this Claim under the replacement cost policy provision, if applicable, contained in INSURED's policy of insurance.
4. Third Party Authorization. The undersigned INSURED hereby authorizes PUBLIC ADJUSTER to receive any information, communication, and documentation related to this Claim for Loss and/or damage from all insurance companies and any related third party.
IN WITNESS WHEREOF, INSURED has caused this Letter of Representation to be duly executed as of the date set forth below. INSURED is signing this Letter of Representation on INSURED's own behalf. INSURED hereby acknowledges receipt of this Letter of Representation and that PUBLIC ADJUSTER that solicited this Letter of Representation has signed below.

INSURED:
Signature:
Name: Hal Wiley
Date:

PUBLIC ADJUSTER:
Signature:
Name: John Anderson Lic #3031451
Date:

PUBLIC ADJUSTER CONTRACT

This Public Adjuster Contract ("Agreement") is made as of the date set forth below by and between Hal Wiley ("INSURED"), and **No-Bull Claims LLC** ("PUBLIC ADJUSTER"). INSURED desires to retain the public adjusting services of PUBLIC ADJUSTER for the loss and/or damage (the "Loss") referenced herein, subject to the terms and conditions of this Agreement, and PUBLIC ADJUSTER desires to provide such services, subject to the terms and conditions of this Agreement.

INSURED'S INFORMATION

Full Name(s) of Insured(s): BEN HILL COUNTY COMMISSION

Insured's Address (City, State, Zip Code): 212 E. CENTRAL AVE. FITZGERALD, GA 31750

Phone Number: (229) 426-2086

Email Address: _____

THE LOSS

Loss Address (Street, City, State and Zip): 212 E. CENTRAL AVE. FITZGERALD, GA 31750 & ALL SCHEDULED LOCATIONS

Date of Loss (On or about): 09/27/2024

Brief Description of Loss: HURRICANE

Claim Type: COMMERCIAL

State of Emergency (Y/N): YES

INSURANCE COMPANY INFORMATION

Insurance Company(ies): ACCG INSURANCE PROGRAM

Policy Number(s): ACCGA-PR-24

Claim Number(s) (if applicable): 6250057899

NOW, THEREFORE, for the consideration set forth in this Agreement, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the Parties agree as follows:

1. **Public Adjuster Services.** With this Agreement, INSURED (or INSUREDS, if applicable) retains PUBLIC ADJUSTER to act as its public insurance adjuster to assist in the evaluation, preparation, investigation, inspection, presentation, and adjustment (the "Services") with respect to all applicable claim(s) for the Loss and/or damage under any insurance policy with any insurance carrier related to the Loss contained herein (the "Claim").

2. **Notice of Limited Assignment and Power of Attorney; Direction of Payment.** INSURED expressly understands that a percentage of the insurance proceeds of the insurance proceeds released by any insurance company in connection with the Loss and this Claim after the signing of this Letter or Representation is being assigned to PUBLIC ADJUSTER in consideration of the Services rendered by PUBLIC ADJUSTER. INSURED hereby grants PUBLIC ADJUSTER the express power to endorse and deposit into PUBLIC ADJUSTER's trust account any insurance proceeds released in connection with the Loss and this Claim by any insurance company. INSURED hereby authorizes and explicitly directs any insurance company to list and include PUBLIC ADJUSTER, as a co-payee with INSURED, on any payments, paper, electronic or digital checks, drafts of paper, electronic or digital checks, and any other form of payment evidencing the distribution of insurance proceeds related to the Loss and this Claim. INSURED further authorizes and directs any insurance company to mail, transmit, send, remit, or otherwise direct any communication and payment of insurance proceeds stemming from the Loss of this Claim, in any of the forms described within this Section 2, to PUBLIC ADJUSTER at the address of PUBLIC ADJUSTER as first set forth above and registered with the Department of Insurance in the State of Georgia.

3. **Compensation for Services.** In consideration of the Services rendered by PUBLIC ADJUSTER, and contingent upon a settlement and subsequent payment of the Claim by any insurance company, INSURED hereby agrees to pay to and compensate PUBLIC ADJUSTER in accordance with the compensation structure listed in this Section 3.

10 % of the total amount of any payment(s) made or released by any insurance company for the Claim/Loss as a result of the Services rendered by PUBLIC ADJUSTER at any time after the signing of this Agreement.

INSURED INITIALS: _____

4. **Expenses for Services.** INSURED hereby authorizes PUBLIC ADJUSTER to advance claim-related costs and expenses in the amount of, but not to exceed, \$250.00 for Residential Claims and \$500.00 for Commercial Claims. These expenses for the Services are being advanced for the preparation, investigation, inspection and adjustment of the Claim. INSURED understands such costs and expenses advanced by PUBLIC ADJUSTER on INSURED's behalf are payable to PUBLIC ADJUSTER and shall be deducted from any initial recovery after fees for services are computed and paid to PUBLIC ADJUSTER. INSURED shall not owe PUBLIC ADJUSTER any costs or expenses if the Services do not result in the release of insurance proceeds by the insurance company(ies) set forth herein after the signing of this Agreement.

INSURED INITIALS: _____

5. **Rescission of Agreement.** INSURED has the right to rescind this Agreement within three (3) business days after the date this Agreement is signed and executed. The rescission by INSURED shall be in writing and mailed or delivered to PUBLIC ADJUSTER (the "Notice of Rescission") at PUBLIC ADJUSTER's address contained herein within the three (3) business days. The Notice of Rescission shall be considered delivered or mailed if it is delivered by electronic transmittal to the email address or facsimile specified in this Agreement. During any state of emergency, as declared by the Governor and for a period of one (1) year after the date of the loss, INSURED shall have five (5) business days after the date on which this Agreement is executed to rescind the Agreement. If INSURED exercises the right to rescind this Agreement within the appropriate time period, anything of value given by INSURED under this Agreement shall be returned to INSURED by PUBLIC ADJUSTER within fifteen (15) days following the receipt by PUBLIC ADJUSTER of the Notice of Rescission. INSURED agrees and understands that after the applicable three (3) or five (5) business day rescission period contained within this Section 5 has passed, PUBLIC ADJUSTER has no obligation to agree to a termination of this Agreement.

6. **Settlement and Cooperation; Acknowledgment.** The Parties hereby acknowledge and agree that neither party shall settle the Claim, or any related claims arising out of the Loss, without first obtaining the prior consent of each Party. INSURED understands and acknowledges that PUBLIC ADJUSTER has made no guarantees regarding the disposition or results of any stage of the claims process, and all expressions made on behalf of PUBLIC ADJUSTER are the opinion of PUBLIC ADJUSTER based on information known at the time.

7. **Hold Harmless.** INSURED understands PUBLIC ADJUSTER, from time to time, may need to access INSURED's property and/or roofing system in order to adequately inspect the Loss and/or damage. In consideration of the Services by PUBLIC ADJUSTER, INSURED hereby agrees to hold harmless PUBLIC ADJUSTER from any and all claims and/or causes of action of any nature, arising out of or connection with the inspection of INSURED's property and/or roofing system by PUBLIC ADJUSTER. To the extent that a determination is made by INSURED that the property and/or roofing system is damaged as a result of the inspection conducted by PUBLIC ADJUSTER, INSURED hereby agrees to hold PUBLIC ADJUSTER harmless of all claims, causes of action, or losses of any type. The terms of this Agreement shall expire and be void upon the expiration of the Services contained herein.

8. **Miscellaneous.** This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia. Each party hereby consents to exclusive jurisdiction and venue of the federal or state courts within the State of Georgia. The Parties hereby agree the provisions of this Agreement are severable, and in the event that any provision hereof should be held invalid or unenforceable in any respect, it shall not invalidate, render unenforceable or otherwise affect any other provision hereof. The Parties intend that the provisions of this Agreement shall be enforceable to the fullest extent permissible under applicable law. In the event that any provision hereof would, under applicable law, be invalid or unenforceable, such provision shall, to the extent permitted under applicable law, be construed by modifying or limiting it so as to be valid and enforceable to the maximum extent possible under applicable law. The waiver by either Party of a breach of any provision of this Agreement shall not operate or be construed as a continuing waiver or as a consent to or waiver of any subsequent breach hereof. This Agreement may not be modified or amended except in writing and signed by the parties hereto. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but such counterparts together shall constitute one and the same instrument. This Agreement contains the entire agreement and understanding of the Parties with respect to the subject matter hereof, and no other verbal or written prior agreements, representations, promises, agreements or understandings regarding the subject matter hereof shall be of any force or effect unless in writing, executed by the party to be bound thereby and dated on or after the date hereof. A copy of this Agreement transmitted by telefacsimile, email, and/or other electronic form shall be deemed an original. Electronic signatures of PARTIES shall constitute original signatures. The Parties acknowledge and understand that this agreement is NOT for the purpose of rendering legal services. Any legal service must be provided by an attorney that is licensed to practice in the state.

9. **License and Bond of Public Adjuster.** PUBLIC ADJUSTER is validly licensed and fully bonded in accordance with the relevant and applicable laws of the State of Georgia.

ACKNOWLEDGMENTS:

- PUBLIC ADJUSTER REPRESENTS THE INSURED ONLY;
- PUBLIC ADJUSTER does not have any direct or indirect interest in or compensation by any construction firm, salvage firm, building appraisal firm, storage company, or any other firm or business entity that performs any work in conjunction with damages incident to any loss which the adjuster has been contracted to adjust;
- PUBLIC ADJUSTER does not have any direct or indirect participation in the reconstruction, repair, or restoration of damaged property that is the subject of a claim adjusted by the adjuster or disclosure of any other activities that may be reasonably construed as a conflict of interest, including a financial interest in any salvage, repair, construction, or restoration of any business entity that obtains business in connection with any claims that the public adjuster has a contract or agreement to adjust; and
- PUBLIC ADJUSTER does not have any direct or indirect compensation of value in connection with an insured's specific loss other than compensation from the insured for service as a public adjuster, as explicitly permitted by subsection (d) of Code Section 33-23-43.7.

IN WITNESS WHEREOF, INSURED has caused this Agreement to be duly executed as of the date first written above. INSURED is signing this Agreement on INSURED's own behalf. INSURED hereby acknowledges receipt of this Agreement and that PUBLIC ADJUSTER that solicited this Agreement has signed below.

INSURED:

Signature: _____
Name: Hal Wiley
Date: _____

PUBLIC ADJUSTER:

Signature: _____
Name: John Anderson Lic #3031451
Date: _____