

DISCLOSURE STATEMENT

NILAND GROUP, LLC
6712 BROOKLAWN PARKWAY, SUITE 102
SYRACUSE, NY 13211

Richard R. Smith

Name of Sublicensee

NILAND GROUP, LLC (the "Adjuster") referred N/A (the "Insured(s)"), residing at N/A, to N/A for services, work, or repairs, relating to an insurance claim for which the Adjuster represents or represented the Insured or has negotiated or effected a settlement.

The Adjuster shall check off any and all applicable boxes:

☐ The Adjuster has received or will receive the following compensation for the referral:

N/A

(Specify the dollar amount or percentage. If compensation is in the form of anything other than money, then state the nature of the compensation and its approximate fair market value.)

☐ The Adjuster and/or his or her spouse has a financial or ownership interest, directly or indirectly, in the individual or entity listed above.

☐ The Adjuster is related to the individual listed above by blood or affinity within the second degree of consanguinity (which includes an individual's parents, grandparents, children, grandchildren, siblings, and any spouse thereof).

☐ The Entity listed above is owned or controlled by an individual who is related to the Adjuster by blood or affinity within the second degree of consanguinity (which includes an individual's parents, grandparents, children, grandchildren, siblings, and any spouse thereof).

NOTICE TO INSURED: YOU ARE NOT REQUIRED TO USE ANY INDIVIDUAL OR ENTITY TO WHOM OR WHICH THE PUBLIC ADJUSTER REFERS YOU.

This Disclosure Statement must be written in the same language as that principally used in the oral negotiations and presentation.

X [Signature]
Signature of Public Adjuster or Licensed Representative

X [Signature]
Signature of Named Insured(s)

Date of Disclosure

7/18
2024

Time of Disclosure: 10:00 a.m. _____ p.m.

Approved
[Signature]
Court Attorney