

# Contingency Agreement for Unclaimed Property Services

Date TODAYS DATE Business YOUR BUSINESS NAME Client JOHN Q OWNER

This agreement is made by and between JOHN Q OWNER (Client) and YOU/YOUR BUSINESS (Business) to provide the services of locating and claiming the unclaimed property in Clients Name being held by an entity in the State of Florida. Said unclaimed property is not being held by the State of Florida and therefore is not shown on Florida's Unclaimed Property Website – <https://www.fltreasurehunt.org>

**THIS IS AN EXAMPLE ONLY.**

## TERMS

**WE SUGGEST YOU CONSULT AN ATTORNEY TO DESIGN A FORM WITH WORDING THAT FITS YOUR SITUATION**

- I. Business is due a percentage of the unclaimed amount only if and when the claim is successful and Client has received their unclaimed property
- II. Client agrees to furnish Business with all paperwork requested in a timely manner, in order to facilitate the claim process. This may include, but is not limited to, certified copies of birth certificate, copy of driver's license, and probate documents, if Client is the rightful heir to all property due a person who is deceased.
- III. If claim is unsuccessful, Client is under no financial obligation to Business.
- IV. Any costs associated with facilitating the claim are the responsibility of the Business, whether or not the claim is successful.
- V. At any time during the process, Business may cancel this agreement, for any reason. No monies will be due to the Business if agreement is so canceled.

## COST OF SERVICES

In exchange for the services Business provides to Client under the terms and conditions listed above in regard to the location and claim of Clients unclaimed property, Client agrees to assign 30 % of unclaimed amounts to Business. If Business is unsuccessful in completing the claim and Client does not receive the unclaimed property, Client is fully released from the terms of this agreement and is under no financial obligation to the Business.

YOUR CLIENT  
Client (Print Name)

YOU  
Representative of Business (Print Name)

YOUR CLIENT SIGNATURE  
Client Signature

YOUR SIGNATURE  
Representative of Business Signature

STATE OF FLORIDA  
COUNTY OF:

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public-State of Florida)

(NOTARY SEAL)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**NOTARY SECTION**