

AGENT'S AUTHORIZATION TO FILE CLAIM

Purpose: This form must accompany a claim (Standard Form 95) filed by an insurance company or other business entity. It is used to verify that the person signing the Standard Form 95, block 13a, is an authorized agent of the company or corporation filing the claim. This form may not be signed by the person signing Block 13a of the Standard Form 95.

(Date)

1. I certify that I am the _____
(Corporate Title/Position; i.e., President, etc.)

of _____
(Name and Address of Corporation or Company)

and in such capacity I have access to the books and records of _____

(Name of Corporation or Company)

2. I further certify that _____
(Name of Person who signed Block 13a of SF 95)

is _____
(Position of Person who signed Block 13a of SF 95)

of _____
(Name of Corporation or Company)

and has the power and authority to file, adjust, and settle claims for and on behalf of _____

(Name of Corporation or Company)

as its duly authorized agent.

3. (If applicable) The claim of _____ is
(Name of Corporation or Company)

filed as a (subrogation) (assignment) of the rights by _____
(Insured or Injured Party)

Signature

Typed/Printed Name & Telephone Number