

# Insurance Third Party Authorization Form

This **insurance third party authorization form sample template** allows policyholders to grant permission to a designated individual or organization to access and manage their insurance information. It ensures clear communication between the insured, insurer, and authorized third party. Using this template helps streamline authorization processes while maintaining data privacy and compliance.

## 1. Policyholder Information

**Full Name**

**Address**

**Phone Number**

**Email**

**Policy Number**

## 2. Authorized Third Party Information

**Full Name / Organization**

**Relationship to Policyholder**

**Phone Number**

**Email**

## 3. Authorization Details

**Please select the types of access granted:**

View policy information

Manage/submit claims

Update policy details

Other (please specify below)

**Authorization Valid From**

**Authorization Valid To**

## 4. Policyholder Consent and Signature

I, the undersigned policyholder, hereby authorize the above named third party/organization to access and manage my insurance information as indicated in this form. I understand this authorization remains in effect until the date specified or revoked in writing.

**Policyholder Signature**

**Date**

[Submit Authorization](#)