

Insurance Claim Representative Authorization Form

Please complete all sections of this form to authorize another individual to represent you on matters relating to your insurance claim.

Policyholder Information

Policyholder Name:

Policy Number:

Contact Number:

Email Address:

Address:

Authorized Representative Information

Representative Name:

Relationship to Policyholder:

Contact Number:

Email Address:

Address:

Authorization Details

I, , hereby authorize the above-named representative to act on my behalf regarding all matters relating to my insurance claim under Policy Number .

This authorization includes (check all that apply):

☐ Submission and follow-up of claim

☐ Receipt of claim-related information

☐ Negotiation and settlement discussions

☐ Other:

Authorization Valid From: To:

Signatures

Policyholder Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

This is a sample template for illustrative purposes only. Check with your insurance provider for specific requirements.