

Power of Attorney for Insurance Claims

Date:

I, the undersigned:

Address:

Contact Number:

hereby appoint:

Address:

Contact Number:

as my true and lawful Attorney-in-Fact to act in my name, place and stead regarding insurance claims with the following insurance company:

Policy Number:

Claim Number (if applicable):

Details/Description of Insurance Claim:

My Attorney-in-Fact shall have full power and authority to:

- File and pursue insurance claims on my behalf
- Communicate with the insurance company and its representatives
- Sign all necessary documents
- Collect any payments or settlements due
- Perform all acts necessary to resolve the claim

This Power of Attorney shall remain in effect until revoked in writing by me or upon conclusion of the claim.

Principal's Signature:

Name:

Attorney-in-Fact's Signature:

Name:
