

Insurance Claim Authorization Release Form

Policyholder Information

Full Name

Policy Number

Address

Phone Number

Email Address

Claim Details

Claim Number

Date of Incident

Description of Incident

Authorized Party Information

Name of Person/Organization Authorized

Relationship to Policyholder

Purpose of Authorization



I hereby authorize the release of insurance claim information as indicated above. I understand that this

authorization is voluntary and may be revoked at any time with written notice.

Signature

Date