

Private Investigation Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Investigator's Name/Agency] to conduct a private investigation on my behalf regarding my insurance claim related to [Brief Description of Claim].

This authorization includes access to all relevant records, documents, and any other information necessary to assist in the investigation. The investigator may contact and interview any individuals related to the claim.

I understand that this investigation is being conducted in relation to my insurance policy with [Insurance Company Name], Policy Number: [Policy Number].

Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]