

# Client Agent Authorization Letter

**Date:** [Insert Date]

**To:**

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Authorization for Agent to Act on My Behalf

To Whom It May Concern,

I, [Your Full Name], of [Your Address], hereby authorize [Agent's Full Name] of [Agency Name], to act on my behalf in relation to my insurance claim for policy number [Policy Number]. This authorization includes the power to inquire about my policy details, submit claims, and receive information related to the status of claims filed under my policy.

This authorization is effective as of [Effective Date] and remains in effect until [End Date/Until Revoked].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]