

Authorization Letter for Insurance Agent Services

Date: _____

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, hereby authorize **[Agent's Name]** of **[Agency's Name]** to act on my behalf concerning all matters related to my insurance policy, including but not limited to:

- Obtaining information regarding my current insurance coverage
- Submitting claims
- Making changes to my policy
- Renewing my policy

This authorization is valid until **[Expiration Date]**.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]