

# Authorization Letter for Claims Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I, [Your Name], hereby authorize [Broker's Name] of [Brokerage Firm Name] to act on my behalf in all matters relating to my insurance claims for policy number [Your Policy Number]. This authorization includes the ability to obtain any necessary information and provide assistance in processing my claims.

Please extend all cooperation and assistance to [Broker's Name] regarding my claim matters.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]