

# Standard Subrogation Agreement Form

## For Insurers

Insurer Name: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Loss Date: \_\_\_\_\_

## Agreement

In consideration of the payment or promise of payment of insurance benefits related to the above-mentioned policy and claim, the undersigned policyholder hereby assigns and transfers to the insurer all rights and claims against any party liable for the loss.

The policyholder further agrees to cooperate fully with the insurer in the prosecution of any claim or suit and to provide all documents, testimony, and assistance as required.

The insurer shall have full rights of subrogation, including but not limited to negotiation, settlement, and prosecution of legal actions regarding any claims arising from the stated loss.

## Signatures

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (Policyholder): \_\_\_\_\_

Printed Name (Insurer Representative): \_\_\_\_\_

Title (if applicable): \_\_\_\_\_