

Subrogation Authorization Document for Liability Coverage

This Subrogation Authorization Document ("Document") is made and entered into on the date indicated below, by and between:

Insured Party Name:

Policy Number:

Claim Number (if applicable):

Date of Loss/Incident:

and

Insurance Company Name:

Insurance Company Representative:

Authorization

The undersigned Insured Party (the "Insured") hereby authorizes the above-named Insurance Company (the "Insurer") to pursue subrogation rights in connection with the liability coverage claim referenced above, against any and all responsible third parties or entities, to the extent of payments or expenses made by the Insurer under the applicable policy.

The Insured agrees to cooperate fully with the Insurer in any recovery effort, including providing statements, documentation, and attending legal proceedings if required.

The Insured affirms that no act has been done to release or impair any such rights of recovery, and agrees not to waive any rights or settle with any party without the written consent of the Insurer.

Acknowledgment

By signing below, both parties acknowledge and agree to the terms stated in this Subrogation Authorization Document.

Insured Party Signature:

Date:

Insurance Company Representative Signature:

Date:
