

AUTHORITY TO SIGN FOR UNAVAILABLE CLAIMANT

POLICYHOLDER					
Full Name(s):		Email:		Website:	
Address:		City:	County:	State:	Zip:
Phone: ()		Fax: ()		Cell: ()	
PUBLIC INSURANCE ADJUSTER					
Full Name:				License No.	
Permanent Business Address:		City:	County:	State:	Zip:
Phone: ()		Fax: ()		Email:	Website:
Public Adjuster Firm Name			Claim Type (Emergency, Non-Emergency, Supplemental)		
LOSS					
Loss Address:		City:	County:	State:	Zip:
Date of Loss:		Description of Loss:			
INSURANCE COMPANY					
Name # 1:				Policy/Claim No.	
Name # 2:				Policy/Claim No.	

STATE OF FLORIDA

COUNTY OF _____

Before me this day personally appeared _____, ("Insured") who, being duly sworn, deposes and says the following:

1. Insured acknowledges, understands, and agrees that under section 626.8796, Florida Statutes, an agreement with a public adjuster must be signed by all named insureds. Section 626.8796 states in part that "[i]f all named insureds' signatures are not available, the public adjuster must submit an affidavit signed by the available named insureds attesting that they have authority to enter into the contract and settle all claim issues on behalf of the named insureds."

2. Based on the above, Insured attests that the named insureds on the relevant policy of insurance are as follows:

- a. _____
- b. _____

3. Insured attests that in entering into the Public Adjuster Service Agreement dated _____ with _____, Insured had authority to enter in the contract and settle all claims on behalf of all named insureds.

Further affiant sayeth not.

Dated: _____, 20____. _____
Signature

The foregoing instrument was acknowledged before me on _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Print, Type or Stamp Name
Notary Public, State of Florida