

POWER OF ATTORNEY AND AUTHORIZATION

STATE OF FLORIDA COUNTY OF _____

I, _____ (your name),
_____ (street address),
_____ (city, state, zip),

do hereby make, constitute and appoint:

Wimco Realty Rentals, Inc.

130 Mary Esther Blvd.

Mary Esther, FL 32569

As my true and lawful attorney in fact to act in my name, place and stead as set out herein. The attorney in fact named herein is empowered to perform any and all acts whatsoever requisite and necessary in connection with, arising out of or relating to my insurance policies, coverages and transactions with _____,
(insurance company)

with the following exceptions:

1. name insured's signature required on any application or subscriber's agreement or,
2. rejections or reductions of coverage which the law requires the named insured to make in writing.

_____ is authorized to act
(insurance company)

upon the instructions of said attorney in fact and I hereby authorize the release of any information concerning my account to said attorney in fact. The authority of my attorney in fact specifically

_____ includes _____X_____ excludes (check one)

the authority to settle claims.

The authority of said attorney in fact shall commence as of the date hereof and shall continue in force until revoked by me in writing delivered to

_____. I agree
(insurance company)

that _____ may handle
(insurance company)

transactions with me personally from time to time and that such acts will not constitute a revocation of the Power of Attorney.

Dated this _____ day of _____, 20____

Signature: _____

Name: _____

Social Security Number: _____

Name of Insurance Company: _____

Insurance Policy Number: _____

Insurance Telephone Number(_____) _____ - _____

(_____) _____ - _____