



THIRD PARTY AUTHORIZATION

Today's Date: _____

Insurance Company: _____

Date of Accident (DOL): _____

Claim Number: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

To whom it may concern:

Please accept this notice as authorization for you to speak with Automotive Consulting Professionals, LLC (ACP) and its representatives regarding my claim and/or my account.

Automotive Consulting Professionals and its representatives are my negotiating agents and have my written consent to speak to you regarding the insurance claim referenced above, and to negotiate a fair financial settlement of that claim. This authorization is to remain in effect until further notice in writing or until my claim is settled.

All questions and communications should be referred to Automotive Consulting Professionals, LLC.

Thank you for your understanding and cooperation.

Insured's Signature

Date:

Print Name: _____

Last (4) digits of Insured SSN _____

Acknowledgement taken in state of: _____

County of _____ ss:

On the day _____ of _____ in the year of _____, before me the undersigned personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary