



AUTHORIZED SIGNATURE FORM

Case Name: _____

Case Number: _____

Owner Name: _____

Owner Address: _____

The following individuals are authorized to give direction on behalf of the above referenced case concerning the insurance policies held within the case.

Print Name	Title	Authorized Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The signatures written above are the signatures of the persons holding the offices indicated.

Date

Authorized Signature

Title