

Agency Authorization by Insured

To: Commanding Officer
Naval Legal Service Office Southwest
3085 Dolphin Alley
San Diego, CA 92136-5187

I (We) _____, hereby authorize
(Insured's Name)

my (our) insurance company _____
(Name of Insurance Company)

to act as my (our) agent in recovery of my (our) insurance deductible of \$_____,
incurred as the result of an incident that occurred on or about _____.
(Date of Incident)

Insurance company's claim number: _____

Naval Legal Service Office Southwest claim number: _____

Signature of Insured

Date signed

* - This form is required for **all** FTCA and MCA claims when the Standard form 95 is signed by the insurance company "as subrogee and agent" of the insured.