

Authority to File Claim

This form is for subrogation claims and is used to document the fact that the officer or agent signing the Standard Form 95 is authorized to act on behalf of the company or corporation filing the claim. This form may not be signed by the same person signing the SF95, and need not be signed by your insured.

To: Office of the Staff Judge Advocate, Fort Belvoir
ATTN: Claims
9990 Belvoir Drive, Building 257
Fort Belvoir, VA 22060-6107

I, _____ am the
(Name of Authorizing Official)

_____ of _____
(Title/ Position of Authorizing Official)

(Name and Address of Corporation or Company)

and in such capacity have access to the books and records of

(Name of Corporation or Company)

_____ is _____ of
(Name of Agent signing SF 95) (Position of Agent)

_____ and has the power and authority
(Name of Corporation or Company)

To file, adjust and settle claims for and on behalf of _____
(Name of Corporation or Company)

as its duly authorized agent.

(Signature of Authorizing Official*)

(Date Signed)

** This form must be signed by someone other than the person signing the Standard Form 95, "Claim for Damage, Injury or Death."*