

Authorization for Insurance Company to Include Deductible in Subrogation Claims

To: Office of the Judge Advocate General
Tort Claims Unit Norfolk
9620 Maryland Avenue, Suite 100
Norfolk, VA 23511-2989

I, _____, hereby authorize my insurance
(Name of Insured)

company _____ to act as my agent in
(Name of Insurance Company)

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

Insurance company's 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.