

## CONSENT FOR THIRD PARTY TO FILE INSURANCE COMPLAINT ("THIRD-PARTY CONSENT")

I, the INSURED OR CLAIMANT, acknowledge that I have read and understand the STATEMENT provided below and that I agree to have my complaint no.

against

(insurance company, insurance producer/adjuster or other)

concerning (reason/summary of the complaint)

filed with the Arizona Department of Insurance and Financial Institutions (DIFI) on my behalf by

("AUTHORIZED PERSON").

**STATEMENT:** I understand that the facts relating to this complaint will become a matter of public record pursuant to Arizona law and that anyone may request and may have access to the information related to my individual complaint. This THIRD-PARTY CONSENT expresses my permission for the AUTHORIZED PERSON to file the complaint, respond to DIFI requests and act on my behalf with respect to the complaint. This THIRD-PARTY CONSENT automatically expires upon the DIFI's closure of the filed complaint unless I revoke it in writing at an earlier date.

### INSURED OR CLAIMANT

Printed Name	Signature		Date
	_____		
Street Address	City	State	ZIP Code
		AZ	
Email Address		Phone Number	

### AUTHORIZED PERSON

Printed Name	Signature		Date
	_____		
Street Address	City	State	ZIP Code
Email Address		Phone Number	