

SUBROGATION RECEIPT

RECEIVED OF THE _____¹ THE SUM OF _____²DOLLARS _____³IN FULL SATISFACTION OF ALL CLAIMS & DEMANDS OF THE UNDERSIGNED AGAINST THE SAID COMPANY UNDER IT'S POLICY NO: _____⁴ ARISING FROM OR CONNECTED WITH ANY LOSS OR DAMAGE BY REASON OF _____⁵WHICH LOSS OR DAMAGE OCCURRED ON OR ABOUT _____⁶.

IN CONSIDERATION OF AND TO THE EXTENT OF SAID PAYMENT, THE UNDERSIGNED HEREBY SUBROGATES, ASSIGNS AND TRANSFERS TO THE SAID COMPANY ALL OF THE RIGHTS, CLAIMS, DEMANDS AND INTEREST WHICH THE UNDERSIGNED HAS OR MAY HAVE AGAINST ANY PARTIES FOR SAID LOSS OR DAMAGE, AND SAID COMPANY IS HEREBY AUTHORIZED AND EMPOWERED TO SUE, COMPROMISE OR SETTLE SAME IN THE NAME OF THE UNDERSIGNED OR OTHERWISE, BUT FOR THE SOLE USE OF SAID COMPANY & AT ITS OWN COST. AND IT IS FURTHER AUTHORIZED TO COLLECT AND RECEIPT FOR ANY MONEYS WHICH MAY BE PAID UPON SAID CLAIMS; TO ENDORSE IN THE NAME OF THE UNDERSIGNED IN HIS INTEREST AND BEHALF, ANY CHECK OR DRAFTS GIVEN IN PAYMENT OF SAID CLAIMS; TO CASH SUCH CHECKS OR DRAFTS. AND TO RETAIN THE PROCEEDS THEREOF; AND SAID COMPANY IS HEREBY CONSTITUTED THE ATTORNEY-IN-FACT FOR THE UNDERSIGNED FOR SAID PURPOSES AND TO SIGN RELEASES, AND TO EXECUTE ANY & ALL CONTRACTS, DOCUMENTS OR RELEASES, IN THE NAME OF THE UNDERSIGNED, THAT MAY BE NECESSARY IN THE PROSECUTION, LITIGATION OR SETTLEMENT OF SAID CLAIMS, SUBJECT TO THE FOREGOING, SAID INSURANCE COMPANY SHALL THEREUPON BE SUBROGATED TO ALL RIGHTS OF THE UNDERSIGNED AGAINST ANY SUCH PARTIES FOR SUCH LOSS AND DAMAGE. THE UNDERSIGNED HAS NOT RELEASED & WILL NOT RELEASE ANY PORTION OF SAID CLAIMS, EXCEPT AS HEREINAFTER INDICATED.

EXCEPTIONS:

DATED: _____ Year

WITNESS: _____ (L.S.)

BY _____ OFFICER

FOR INDIVIDUALS

FOR CORPORATIONS

STATE OF _____)
>SS: _____)
COUNTY OF _____)

STATE OF _____)
>SS: _____)
COUNTY OF _____)

ON THE _____ DAY OF _____, _____

ON THE _____ DAY OF _____, _____

BEFORE ME CAME _____

BEFORE ME CAME _____

TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT _____ EXECUTED THE SAME.

TO BE KNOWN, WHO, BEING BY ME DULY SWORN, DID DEPOSE & SAY THAT HE/SHE _____ RESIDES IN _____ THAT HE/SHE IS THE _____ OF _____ THE CORPORATION DESCRIBED IN AND EXECUTED, THE FOREGOING INSTRUMENT THAT HE KNOWS THE SEAL OF SAID CORPORATION, THAT THE SEAL AFFIXED TO SAID INSTRUMENT IS SUCH CORPORATE SEAL, THAT IT WAS SO AFFIXED BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORTATION AND THAT HE/SHE SIGNED HIS/HER NAME THERETO.

NOTARY

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"Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

¹ Insurance Company Name
² Dollar Amount - Written Out
³ Dollar Amount - Numerical
⁴ Insured Policy Number
⁵ Loss Type
⁶ Date of Loss