

Victory Public Adjusting Firm, LLC
1905 West Thomas Street, Suite D#200
Hammond, LA 70401
Phone: (504) 628-0324
E-mail:

POLICYHOLDER SIGNATURE AUTHORIZATION

Policyholder/s: _____

Address: _____

Claim No.: _____

Date of loss: _____

I/We _____ authorize Victory Public Adjusting Firm, LLC LLC ("Public Adjuster") to endorse my/our signature(s) on all insurance checks pertaining to my/our claim, for deposit only into Public Adjuster's escrow/trust account for distribution to me/us in the amounts as per the Public Adjuster Contract between the parties dated _____. Such deposit and distribution to me/us will be accompanied by a detailed statement and breakdown of funds showing amounts billed to me for work performed on the claim.

I/we may revoke this signature authorization at any time by sending written revocation to Public Adjuster, at the above address.

Date _____

Policyholder Signature

Date _____

Policyholder Signature