Authorization to Disclose Policyholder Insurance Data

I, [_____], hereby authorize [_____] (Insurance Company) to disclose my insurance data, including policy details and claims information, to the following entity/individual:

Recipient Name: [_____]

Reason for Disclosure: [_____]

Policy Number(s): [_____]

This authorization is valid from [_____] to [_____] and may be revoked by me at any time in writing.

Signature: [_____]

Date: [_____]