

**Law Office of Robert M. Mansour**

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**AGENCY AUTHORIZATION**

RE: Date of Accident: \_\_\_\_\_

Insured: \_\_\_\_\_

Claim No: (if known) \_\_\_\_\_

Claimant/Plaintiff: \_\_\_\_\_

Pursuant to Section 2695.2(c) of the California Code of Regulations, Title 10, Chapter 5, I authorize the Law Office of Robert M. Mansour, my attorney, to handle my personal injuries and damages claim under the above-captioned loss.

This authorization shall remain valid for the maximum period provided by law or until revoked by the undersigned:

X \_\_\_\_\_

Signature

X \_\_\_\_\_

Printed Name

X \_\_\_\_\_

Date