



**Consumer Protection Division**  
ARIZONA DEPARTMENT OF INSURANCE  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, AZ 85018-7269  
<https://insurance.az.gov>

## 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

against

(insurance company, insurance producer/adjuster or other)

concerning (reason/summary of the complaint)

filed with the Arizona Department of Insurance (ADOI) 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 ADOI requests and act on my behalf with respect to the complaint. This THIRD-PARTY CONSENT automatically expires upon the ADOI's closure of the filed complaint unless I revoke it in writing at an earlier date.

### INSURED OR CLAIMANT

Printed Name	Signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Phone Number	
<input type="text"/>		<input type="text"/>	

### AUTHORIZED PERSON

Printed Name	Signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Phone Number	
<input type="text"/>		<input type="text"/>	