

# THIRD PARTY AUTHORIZATION NOTICE



## AUTHORIZING PARTY

NAME(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ CURRENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## MORTGAGE INFORMATION

MORTGAGE SERVICER NAME: \_\_\_\_\_

MORTGAGE LOAN ACCOUNT NUMBER(S): \_\_\_\_\_

BORROWER(S): \_\_\_\_\_

## INSURANCE INFORMATION

POLICYHOLDER(S): \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY/MEMBER NUMBER(S): \_\_\_\_\_

CLAIM NUMBER(S): \_\_\_\_\_

## THIRD PARTY INFORMATION

CONTRACTOR/COMPANY: \_\_\_\_\_

NAME OF AUTHORIZED PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ OFFICE ADDRESS: \_\_\_\_\_

H PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TAX ID# \_\_\_\_\_ STATE LIC# (IF REQUIRED) \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

\_\_\_\_\_ AUTHORIZING PARTY INITIALS

## THIRD PARTY ACKNOWLEDGMENT

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The undersigned, on behalf of the Third Party, agrees to keep all disclosed confidential information strictly confidential. Without prejudice to the generality of the aforesaid, the obligation hereunder shall apply in particular to all information which is marked as being confidential and/or that information, of which within 10 days of its disclosure, notice in writing is given by the disclosing party that it shall be treated as confidential. Financial information concerning a claim settlement will be disclosed to other parties in written form by way of software, draft documentation, invoicing, certification, and performance of various claim-based project management duties. (i.e. disclosure for business accounting, lender and carrier reporting, etc.) Sensitive data relating to individuals, personal affairs and unrelated business matters shall be treated as confidential. Confidentiality shall not extend to information relating to the commission of a crime in the instant insurance and/or lender escrow process.

Signature of Third Party: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

## AUTHORIZATION

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Third Party you are authorizing (from first page)

\_\_\_\_\_ I (Borrower(s)/Policyholder(s) listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate terms of settlement for the above-referenced claim number(s).

\_\_\_\_\_ I authorize my Mortgage Servicer, Insurance Carrier and Third Party to share with each other public and non-public information about my insurance claim(s), finances relating to said claim(s) in addition to mortgage and insurance document disclosure for the purpose of finalizing claim-based property restorations. Third Party is authorized to order, review and be present at all inspections. Further, Third Party shall submit findings and certifications on my behalf and be informed as to the issuance and release of all payments.

\_\_\_\_\_ I understand that my Mortgage Servicer and Insurance Carrier may contact me directly except in limited situations; however, I seek for efforts to be exhausted with the Third Party prior to requesting my involvement in a multidisciplinary construction project. The Third Party handles matters such as this on a routine basis and can assist in expediting resolution while also ensuring my compliance with Servicer and Carrier requirements.

This authorization will remain in effect three (3) months following release of the final loss settlement draft by the Servicer. Said extended time period is to afford the Third Party an opportunity to obtain finalized documentation from the Servicer and Carrier. I understand that I can revoke this authorization at any time by given written notification to the Servicer and Carrier.

Signature of (Borrower(s)/Policyholder(s): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Signature of (Borrower(s)/Policyholder(s): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

  
**JRB**  
**ENTERPRISES, INC**  
902 N. CIRCLE DR. STE 103 • COLORADO SPRINGS, CO 80909  
(719) 888-9JRB • (719) 358-6484  
**JRBENTERPRISESINC.COM**  
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\_\_\_\_\_ AUTHORIZING PARTY INITIALS