



**1. General Information (please print)**

Policy or Case Number(s): \_\_\_\_\_

Policy or Case Name: \_\_\_\_\_

**Policy Owner's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**2. Authorized Individual(s)**

The undersigned party ("Authorized Individual") is hereby authorized to provide Nationwide direction on behalf of the above-referenced Policy/Case Number(s):

Print Name(s)	Title(s)	Signature(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Terms of Authorization**

This Request for Authorized Signature will remain in effect for one (1) year and automatically renew thereafter, unless otherwise terminated by either party. The Policy Owner agrees to send Nationwide prompt written notice of any change(s) in the status of an Authorized Individual that would impact the authority granted by this authorization (e.g., termination of employment, change of title). Either party may unilaterally terminate this authorization with written notice to the other party.

**4. Indemnification**

The Policy Owner agrees to indemnify, defend and hold harmless Nationwide and its affiliates, subsidiaries, officers, directors, employees, agents and successors from and against any and all claims made or adverse action taken, asserted or threatened by any third party and all related losses, expenses, damages, costs and liabilities, including reasonable attorney's fees, expenses, and/or sanction arising out of or in connection with any acts taken or omissions made upon the instruction of an Authorized Individual and in reliance upon their representations herein and elsewhere in connection with the above referenced Policy/Case number(s).

**5. Representations and Signature**

The undersigned represents that the name, title and signature of the Authorized Individual(s) above are true and accurate as of the date of this Request for Authorized Signature. The undersigned further represents that he/she is an officer of the Policy Owner and has been properly authorized to execute this Request for Authorized Signature on behalf of the Policy Owner.

**Policy Owner/Authorized Officer:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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