

Power of Attorney



To complete this form by hand:

- 1 Print all pages of the form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.



To complete this form electronically:

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing in each field and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save and print the form and have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.

Or



Complete this form to the best of your knowledge and belief. DO NOT GUESS at any answers. If you don't know the answer to a question, leave that field blank. Please call your Claim Representative if you need help.

CLAIM NUMBER

(12-digit number)

To be completed by the vehicle owner.

I hereby appoint a representative of Plymouth Rock Assurance Corporation of 695 Atlantic Avenue, Boston, Massachusetts, as my Attorney-in-Fact to apply for Certified, or duplicate Certificate of Title (and/or) to transfer one:

Vehicle: _____ Vehicle Identification Number: _____
Make and Model

and for said purpose(s) to sign my name and do all things necessary to this appointment.



Policyholder Signature **(To be signed in the presence of a Notary Public.)**

Driver's License Number

YOUR SIGNATURE MUST BE NOTARIZED.

Please bring this form to a Notary Public. Sign on the line above in their presence and have your signature notarized.

State of: _____ County of: _____

On this _____ day of _____, 201____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identity, being in this instance _____, and acknowledged to me that he/she signed the foregoing voluntarily and for its stated purpose.

Notary Public Signature: _____ My Commission Expires: _____ / _____ / _____

Mileage Statement



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CLAIM NUMBER

(12-digit number)

To be completed by the vehicle owner.

Federal law requires you to state the mileage shown on the odometer upon transfer of ownership. An inaccurate or untruthful statement may make you liable for damages and attorneys' fees to your transferee, and for civil or criminal penalties (49 USCA §§ 32701 et seq.).

I, _____, owner of _____ state that the odometer of the
First and Last Name Year, Make and Model of the Vehicle
 vehicle described below now reads _____ miles.
Number of Miles

Vehicle: _____ Vehicle Identification Number (VIN): _____
Make and Model

Check the following statements, only if applicable.

- I hereby certify that to the best of my knowledge, the odometer reading as stated above, reflects the actual mileage of the vehicle described.
- I further state that the actual mileage differs from the odometer reading for reasons other than odometer calibration error and that the actual mileage is unknown.
- I further state that the mileage shown on the odometer is in excess of 99,999 miles.

X _____ / / _____
 Seller's Signature Date

This section to be completed by Plymouth Rock Assurance

Buyer's First and Last Name:			
Street Address:	City:	State:	Zip Code:

X _____
 Buyer's Signature (Receipt of Copy Acknowledged)

Return This Form To

Claims Department
 Plymouth Rock Assurance Corporation, PO Box 9112, Boston, MA 02112-9112

Thank you.