

Total Loss Claim Power of Attorney

FOR YOUR RECORDS

KEEP UNTIL YOUR CLAIM IS RESOLVED

Power of Attorney SINGLE OWNER

Notary seal must have official stamp.

1. Please complete the name and address section **ONLY**.
2. Please sign and print the name of owner, **EXACTLY** as it appears on the title.
3. Please have notarized where Notary is shown.

FOR REFERENCE ONLY

More Than Just Insurance.
Plymouth Rock
assurance.

Plymouth Rock Management Company of New Jersey
Teachers Auto Insurance Company of New Jersey
Palisades Safety and Insurance Association
Palisades Insurance Company
Palisades Property and Casualty Insurance Company
High Point Preferred Insurance Company
High Point Safety and Insurance Company
High Point Property and Casualty Insurance Company

Power of Attorney - Bill of Sale
ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Claim Number: _____ Date of Incident of Theft: _____
VEHICLE YEAR, MAKE, AND MODEL: _____
VIN: _____ VEHICLE LICENSE NUMBER AND STATE: _____

This section will be pre-filled when you receive the form.

KNOW ALL PERSONS BY THESE PRESENT, THAT I/WE, THE UNDERSIGNED, for value received, on this _____ day of _____ in the year _____ grant, bargain, sell and assign all rights, title, and interest in and to the motor vehicle described above and do hereby make, sell, assign and convey unto _____ of Plymouth Rock Group of Companies my/our true and lawful attorney in fact for me/us and my/our name(s) to execute and to sign my/our name(s) to assignment of titles, transfer of _____ the above motor vehicle.

Do NOT complete ANYTHING in this section.

This Power of Attorney shall remain in effect until such time as the title to this motor vehicle is out of my/our name(s), hereby satisfying and confirming all that the said attorney or substitutes shall do therein by virtue of these present.

SELLER/OWNER: **SIGN HERE** **ON YOUR ACTUAL TITLE ONLY**
Signature _____ Printed Name _____ Date _____
CO-OWNER: **DO NOT SIGN HERE**
(if any) Signature _____ Printed Name _____ Date _____

ADDRESS: _____
CITY/STATE: _____

This section to be completed by a notary public
Witness: _____ and seal this _____