To:

# **POWER OF ATTORNEY**

POLICY NO.(OP No.) :

VESSEL :

B/L NO.(SWB /AWB No.) :

Insured Interest :

We hereby authorize you to make negotiations and decision with Sompo Japan Insurance Inc. as to their liability and the extent of their liability under the above subject and to receive from them the sum of the claim money to be agreed upon.

We further authorize you to negotiate, settle and collect the claim against carriers, bailees &/or other responsible parties for loss &/or damage and sign and execute any documents necessary and appropriate in accordance with settlement of said claim.

Date:

Company Name

Title and Position