



Stephen O'Connor & Co

INSURANCE LOSS ASSESSORS

CLIENT MANDATE

CENTRAL BANK REG: C42520

Company: _____

Address _____

Policy no: _____

Claim no/ Client no (if avail) _____

I/We: _____

Of: _____

Confirm that I/we hereby give full consent to have **Stephen O'Connor & Co** Prepare, compile process and negotiate my claim for _____, Date of Loss _____

I direct and authorize you and your representatives to communicate with all staff members of **Stephen O'Connor & Co** and no other parties in all matters relating to this particular claim/loss.

Signed: _____

Print Name: _____

Date: _____