

FIRST PARTY BENEFIT AUTHORIZATION

DATE: _____

TO: _____

Authority is hereby given to David K. Lucas, Esquire and associate counsel to obtain any and all information concerning the first party benefits of the undersigned, and I hereby authorize and direct you to permit the Law Office of David K. Lucas and Associates to examine and make copies of all such records.

This Authorization also constitutes authority for you to produce and make complete photostatic copies of all such records and to forward the same by mail to the Law Offices of David K. Lucas and Associates at 140 South Main Street, Suite 301, Greensburg, Pennsylvania 15601.

I agree that a photostatic copy of this Authorization shall be considered as effective and valid as the original.

I acknowledge that this Authorization is given with my full consent and approval.

IN WITNESS WHEREOF, I set my hand and seal this _____ day of _____, 2007.

WITNESS

CLIENT/INSURED
