

Limited Power of Attorney
BMC-84 Surety Bond Claim

This Limited Power of Attorney, BMC-84 Surety Bond Claim is executed and delivered as of _____, 20 _____, by _____
(Date) (Year) (“Motor Carrier”).

(Name of Motor Carrier Entity)

I, _____,
(Name of Officer of Motor Carrier)
of the Motor Carrier, hereby grant, authorize, and appoint,

(Name of Third-Party Attorney-in-Fact)

as Attorney-in-Fact for Motor Carrier to take all actions necessary on behalf of Motor Carrier to submit, lodge, process, and receive payment for claims upon the BMC-84 Bond (# _____; “Bond”) issued by Allegheny Casualty Company to Freight Broker _____, including without limitation, submitting a Proof of Claim form and supporting information and documentation, and if approved, provide instructions to Allegheny Casualty Company for payment upon the Bond to the Attorney-in-Fact.

Motor Carrier hereby agrees to indemnify and hold Allegheny Casualty Company harmless with respect to this Power of Attorney and the authority granted hereunder.

This Power of Attorney is effective immediately and cannot be revoked unless revoked in writing with a copy provided to Allegheny Casualty Company.

The undersigned hereto expressly warrants that they have the necessary authority to execute this Power of Attorney on behalf of the Motor Carrier.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney, as of the date first above written.

Motor Carrier
Signature: _____
Name: _____
Title: _____

State of _____

County of _____

On _____, before me _____
(insert name of notary public)

personally appeared _____
(insert name of signing individual)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Witness my hand and official seal.

Notary Public Signature _____

My commission expires: _____

This form must be completed in full and notarized. A copy of the Power of Attorney shall be considered effective and as valid as the original.