

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

ELECTRONIC SIGNATURE AGREEMENT

A completed electronic signature agreement shall accompany an electronically signed Power of Attorney (HSMV 82053) when submitted by a licensed insurance company in conjunction with an application for a salvage certificate of title or certificate of destruction. This agreement can only be used when a licensed insurance company is applying for a salvage certificate of title or a certificate of destruction: This agreement is for Salvage Certificate of Title Certificate of Destruction

_____ located at
Name of Insurance Company

_____ Business Address City State Zip

has completed an E-signature process that allows the insured, who is the titled owner of the below described vehicle, to electronically sign and transmit a form HSMV 82053 (Power of Attorney) in lieu of providing a handwritten signature on the physical document and mailing it. The insurance company attests that the electronic signature meets requirements set forth by National Highway Traffic Safety Administration Rule 49 CFR 580 for assurance Level 2 (for a certificate of destruction and salvage certificate of title). Our insurance company will submit the electronic signature certification page along with the other transaction documents and our company is maintaining proof of this electronic signature. The following is the insured's vehicle information for this E-signature Agreement:

_____ Name of Insured

_____ Year Make VIN Title Number

Upon submission of an application for a salvage certificate of title or a certificate of destruction, the above named company agrees to indemnify and hold the Department of Highway Safety and Motor Vehicles and its officials and employees harmless from and against any claims, demands, costs, damages, and liabilities resulting from or arising out of disputes brought by the insured(s) involving the validity of the electronic signature on the applicable form HSMV 82053 for the above described vehicle.

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Insurance Company's authorized agent: _____

Printed Name of Insurance Company's authorized agent: _____

NAIC Code: _____

Authorized Agent's Title: _____ Date signed: _____