

Form WD-5 (Waiver and Consent for Insurance Company)

NOTE: If the action was settled with the assistance of the Supreme Court, or if the amount of the settlement has been otherwise approved, this form will not be required.

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Application of

_____ as

Administrat_____ of the Goods,

Chattels and Credits which were of

_____, deceased,

for leave to compromise a certain cause of action

for wrongful death of the decedent and to render and

have judicially settled an account of the proceedings

as such Administrat_____.

**WAIVER AND CONSENT
FOR INSURANCE COMPANY**

FILE # _____

TO THE SURROGATE'S COURT:

The _____ Insurance Company, with offices at

_____ as the insurer of _____ and pursuant to its obligations

to its insured under said liability insurance policy, does hereby appear and waive issuance and

service of a citation in the above entitled proceeding. It further consents to pay the sum of

\$ _____ in full settlement of the claim for wrongful death of _____

_____, deceased. It further consents that the filing of a bond or other

security be dispensed with and waive any further notice.

DATED: _____

_____ Insurance Company

BY: _____

STATE OF NEW YORK)

COUNTY OF _____)ss:.

On the _____ day of _____, 20____, before me personally

came and appeared _____, known to me to be a Corporate

Officer of the _____ Insurance Company, to wit, _____,

who had the authority and who did execute the foregoing Waiver and Consent on behalf of the

_____ Insurance Company and acknowledged that _____

executed the same.

Notary Public

Commission Expires:

(Affix Stamp)