法定代理人聲明書
Declaration of Legal Representative

立聲明書人_____係未成年要/被保險人_____(身分證字號：_____)之法定代理人，因本人無法於本次續保(原保單號碼：_____)之相關文件親自簽署，特立此書聲明本人允許要被保險人向 貴公司申請辦理續保事宜。

The undersigned [(insert the name:_____)], the legal representative of the applicant/insured at the age under 20 years old ([insert the name:_____]; [insert ID number:_____]), due to my inability to sign on the policy renewal application in person ,hereby declare that I permit the applicant/insured to apply for renewal of the original policy (policy number:_____) with the insurance company.

此致　　美商安達產物保險股份有限公司台灣分公司

Attention　Insurance Company of North America, Taiwan Branch

簽　名　處 Signature	**中華民國文件證明專用** R.O.C. Document Authentication
（要保人/被保險人未滿法定年齡 20 歲者，請法定代理人簽名） For applicant/insured under 20 years old, signature of the legal representative is required **立 同 意 書 人：　　(簽章)** **Signature of Applicant:** **身 分 證 字 號：　　與未成年人之關係：** **ID Number　　Relationship of Legal Representative & Applicant** **住址 Address：** **立 同 意 書 人：　　(簽章)** **Signature of Insured:** **身 分 證 字 號：　　與未成年人之關係：** **ID Number　　Relationship of Legal Representative & Applicant** **住址 Address：** **備註：法定代理人與要保人如未在同一國家者，請傳真予法定代理人簽名，以完成續保程序。** Note: If the legal representative and applicant are in different countries, please fax this document to the legal representative for signature, in order to complete the renewal process.	中華民國文件專用貼紙
公 證 人 簽 名： Signature of Notary Public	

中　華　民　國　　年　　月　　日(Date: Day /Month /Year)