

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

-----X

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

WAIVER AND CONSENT
FOR INSURANCE COMPANY

FILE #

for wrongful death of the decedent and to render and
have judicially settled an account of the proceedings
as such Administrat_____.

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TO THE SURROGATE'S COURT:

The

_____ In
surance 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)