

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)