



MINNESOTA AUTHORIZATION

AGENCY NAME		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
AGENCY ADDRESS					
CONTACT NAME:		PHONE (A/C, No):		NAIC CODE	
PHONE (A/C, No, Ext):		CARRIER			
FAX (A/C, No):		POLICY NUMBER			
E-MAIL ADDRESS:					
CODE:	SUBCODE:	ACCOUNT NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:					

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

(We are required to obtain this authorization from you pursuant to Minnesota Statute 72A.501.)

I, the undersigned, hereby authorize the agent named above, if any, and/or the underwriting department of the insurance company named above to collect credit-related and other information about me from the following types of organizations:

- Credit bureaus
- Other organizations providing personal or privileged information

I understand this information will be used for the purpose of making underwriting decisions in connection with the insurance for which I have applied, sought reinstatement or requested a change in benefits. These decisions may include determinations to grant or deny me coverage and/or the rates I will be charged.

I also understand that I have the right to request in writing that extraordinary life circumstances be considered in connection with the development of my credit score.

APPLICANT / APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE (MM/DD/YYYY)