



AGENCY CUSTOMER ID: _____

FLORIDA INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

**CREDIT REPORT DISCLOSURE INFORMATION
(Personal Auto and Homeowners Insurance)**

In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Rule 690-125.004, Florida Administrative Code (FAC) CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)