

Authorization to Obtain Policy Information

Insured: _____ **Insured DOB:** _____

As policy owner of the policy number listed below issued by _____
 I hereby authorize you to furnish directly to NFP Insurance Solutions / SBSI, Inc. any and all information or papers that they may request with reference to the following policies in your company. This authorization is valid for six months from date of signature. For confidentially reasons DO NOT forward any similar information to any other individual or company.

Policy Number(s): _____

I, the undersigned, hereby authorize

Insurance Carrier: _____

Address: _____

To release any information or papers requested to:

Fax: 312.214.3661
 NFP Insurance Solutions
 SBSI, Inc.
 500 West Madison Street, Suite 2700
 Chicago, IL 60661

A photocopy of this Authorization is as valid as an original.

Signed at _____ this _____ day of, _____ (year).
 (City, State)

Last 4 Digits of Policyowner's Tax ID: _____

Signature of Policyowner: _____
 Policyowner's/Trustee's
 Printed Name/Name of
 Trust (if applicable): _____

If Policyowner Signature is by a Trustee, Print both the Name of the Trustee(s) and the Name of the Trust; Trustee(s) Shall Sign in Their Capacity "as Trustee of"

Signature of Witness: _____

NFP Insurance Solutions is a marketing name and platform used by affiliated and nonaffiliated companies, including but not limited to SBSI, Inc., using the services of NFP Insurance Services, Inc. (NFPISI), a subsidiary of NFP Corp (NPF), Insurance services are provided through SBSI, Inc., which is not affiliated with NFP. NFP and its subsidiaries do not provide tax or legal advice.

