

**AUTHORIZATION TO OBTAIN INFORMATION**

This authorization relates to a loss occurred on or about **(DATE OF LOSS)** and is to be used to investigate all aspects and matters related thereto.

I (We) hereby authorize **(INSURANCE COMPANY)** and its designated representatives to have access to and permit review and photocopying of the following records or information which have been checked below:

- \_\_\_\_\_1. Personal and business records and credit reports;
- \_\_\_\_\_2. State and Federal Tax Information;
- \_\_\_\_\_3. Any and all law enforcement and fire department reports;
- \_\_\_\_\_4. Any and all insurance records from agents, brokers and insurance companies;
- \_\_\_\_\_5. Personal and business financial records;
- \_\_\_\_\_6. Any physician, medical, practitioner, hospital, clinic, pharmacy, other health facility, governmental agency including the Social Security Administration, employer, or business associate to release any and all medical and non-medical information in its possession about me. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me. Non-medical information includes employment history, job duties, and any wage or earnings information.

I (We) understand that the records or information obtained may be disclosed to others in connection with the investigation and consideration of the claim and I (we) hereby authorize such disclosures.

A photocopy of this authorization will be valid as the original and I (we) may receive a copy upon request.

**BY SIGNING THIS AUTHORIZATION, THE UNDERSIGNED EXPRESSLY UNDERSTANDS AND AGREES THAT ANY INVESTIGATION OF THIS LOSS BY THE COMPANY OR ITS REPRESENTATIVES DOES NOT WAIVE THE TERMS, CONDITIONS OR REQUIREMENTS OF THE POLICY OR CONTRACT INVOLVED.**

\_\_\_\_\_/\_\_\_\_\_  
**Policyholder(s)/Claimant(s) Signatures**

\_\_\_\_\_/\_\_\_\_\_  
**Driver's License Number(s)**

\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number(s)**

**Date** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
**Date(s) of Birth**