

## CONSENT TO COMMUNICATE INFORMATION TO AN AUTHORIZED PERSON

### APPLICANT INFORMATION

I, \_\_\_\_\_, do hereby grant authorization for the disclosure and  
 (Producer Name)  
 communication of my personal and business information to the designated authorized person(s) listed below:

### AUTHORIZED PERSONS

NAME OF AUTHORIZED PERSON	RELATIONSHIP TO APPLICANT	CONTACT INFORMATION
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- I understand that by providing this consent, I am authorizing the disclosure of personal information pertaining to me, including but not limited to, financial records, and any other pertinent information necessary for communication or decision-making purposes.
- I acknowledge that this authorization will remain in effect until revoked by me in writing.
- I understand that the authorized person(s) listed above may act on my behalf in matters requiring communication and decision-making, and I release any entity or individual who discloses information in good faith reliance on this authorization from any liability that may arise from such disclosure.

DATE (YYYY/MM/DD): _____	
NAME OF PRODUCER (PLEASE PRINT)	SIGNATURE OF PRODUCER
WITNESS NAME	WITNESS SIGNATURE