



Authority For Release of Information

I, _____, presently reside at

and am affiliated with, or proposed to be affiliated with, _____

which applies for licensure or a permit to organize by the Office of Commissioner of Insurance.

I understand that the Office of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.

I hereby give my permission and waive any provisions of law that forbids any court, policy agency, employer, firm, or person, disclosing any knowledge or information they have concerning me which is requested by the Office of Commissioner of Insurance. I further consent and request that the supervisor of the **Limited Risk Entities** in the **Insurance Financial Oversight Division**- his/her representative be provided with the performance of their investigation.

I recognize the right of the Office of Commissioner of Insurance to treat, at its discretion, certain sources as confidential, and right to withhold from my agent or me the names of such confidential sources, and information obtained therefrom.

Applicant's Signature _____ Date _____

This document was executed and signed in the presence of the following witnesses:

Witness-1 Signature _____ Date _____

Witness-2 Signature _____ Date _____

<u>NOTARY</u>	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	In the County of _____, State of _____.	
	_____ (Notary Public)	

Please submit all documents as one attachment for each category as one pdf, this will expedite processing of your application.