



P.O. BOX 33015 ■ St. Petersburg, FL 33733
727 823 4000 ■ 800 627 0000 ■ FAX 727 803 4076

AUTHORIZATION TO RELEASE LETTER

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my character and financial reputation, to release such information to Bankers Surety Services, Inc., and Bankers Insurance Company. This information is to be used for possible contractual agreement between myself and Bankers Surety Services, Inc./Bankers Insurance Company and will not be available for public inspection.

I hereby waive any and all rights I may have under Title 28 Privacy Act-Freedom of Information Act, Title 6, Fair Credit reporting Act and any such local or State law. I consent to and authorize, without reservation, Bankers Surety Services, Inc. and Bankers Insurance Company or its agent, to obtain any and all private or public information and records concerning me from any party or agency, private or government (local, State, Federal), including, but not limited to Social Security Records, criminal records, driving records, telephone records, medical records, school records, credit reports, worker compensation records, employment records.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to Bankers Insurance Company and Bankers Surety Services, Inc., including liability under Federal Law.

Social Security Number

Signature

Address:

Zip Code: _____

Date: _____