

United Casualty and Surety Insurance Company

BLANKET AUTHORIZATION FORM

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish the United Casualty and Surety Insurance Company upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. A copy, scan or fax of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

(X)

Signature Date

Printed Name Home Phone

Social Security Number

Home Address (Street)

City, State, Zip

(X)

Signature Date

Printed Name Home Phone

Social Security Number

Home Address (Street)

City, State, Zip

Corporation Date

President (Printed Name) Work Phone

Secretary (Printed Name)

Federal ID Number

Business Address (Street)

City, State, Zip

(X)

Signature Date

Printed Name Home Phone

Social Security Number

Home Address (Street)

City, State, Zip

(X)

Signature Date

Printed Name Home Phone

Social Security Number

Home Address (Street)

City, State, Zip

LLC Date

Managing Member(Printed Name) Work Phone

Owner (Printed Name)

Federal ID Number

Business Address (Street)

City, State, Zip