

Defendant Name: \_\_\_\_\_  
Defendant Address: \_\_\_\_\_  
Defendant Cell: \_\_\_\_\_  
Defendant Home: \_\_\_\_\_  
Relationship to Indemnitor: \_\_\_\_\_

## CONSUMER AUTHORIZATION TO RELEASE INFORMATION

I hereby waive any and all rights I have under the *Title 29 Privacy Act*, the *Freedom of Information Act*, the *Fair Credit Reporting Act*, and any such local or state law. I consent to and authorize **UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY** and \_\_\_\_\_, as its agent, to obtain any and all public or private information and/or records concerning myself and/or any minor children I may have, from any party or agency, be it private or governmental (local, state, or federal). This includes, but is not limited to: Social Security records; credit reports; court and incarceration records from criminal, civil, and traffic jurisdictions; telephone records; medical records; school records; worker's compensation and disability records; employment records; and social benefit records. I fully and completely authorize, without reservation, any party or agency, be it private or governmental (local, state, or federal) contacted by said Insurance Co., or its Agent, to furnish to them any and all requested records information in their possession concerning myself and/or any minor children I may have.

### 1. NAME / ADDRESS / PERSONAL INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Expire Date \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth : City \_\_\_\_\_ State \_\_\_\_\_ Are you a U.S. Citizen?  YES  NO  
Current Address \_\_\_\_\_ City, State Zip \_\_\_\_\_  
How long have you lived at your current address? \_\_\_\_\_ Do you  Own  Rent  Live with Family  Live with Friends  
Maiden Name \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_  
Car: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_  
Employer Name (Do not write "Self") \_\_\_\_\_ Work Phone \_\_\_\_\_  
Your Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Work Address \_\_\_\_\_

### 2. MARITAL STATUS

Single  Married  Divorced  Separated  Widowed  Partner /Engaged  Cohab / Roommate  
Spouse/Cohab/Partner's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Spouse/Cohab/Partner's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employers Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse/Cohab/Partner's Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

### 3. CHILDREN (Includes Minor and Adult Children)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ School/Job \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ School/Job \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ School/Job \_\_\_\_\_

### 4. PERSONAL REFERENCES - ALL 3 MUST BE COMPLETED (Do not use employer or children listed previously)

Name \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relation to You \_\_\_\_\_ How long have you known this person \_\_\_\_\_  
Name \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relation to You \_\_\_\_\_ How long have you known this person \_\_\_\_\_  
Name \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_ Cell Number \_\_\_\_\_  
Relation to You \_\_\_\_\_ How long have you known this person \_\_\_\_\_

How did you hear about us?  Repeat Client  Walk-In  Yellow Pages  Mailing  Online  Attorney  Friend/Family  Other: \_\_\_\_\_

Indemnitor Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_