

ACORD™ FLORIDA INSURANCE SUPPLEMENT

PRODUCER CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			TELEPHONE NUMBER	
	COMPANY		ACCOUNT NUMBER		
	POLICY NUMBER		NEW	EFFECTIVE DATE	EXPIRATION DATE
			RNWL		

CREDIT REPORT DISCLOSURE INFORMATION (Personal Auto and Homeowners Insurance)

In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)