

ACORD™ NORTH CAROLINA INSURANCE SUPPLEMENT

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

CONSENT TO OBTAIN A CREDIT REPORT OR INVESTIGATIVE CONSUMER REPORT

In connection with my application for insurance to the company shown above ("You"), I hereby consent to your obtaining a credit report or investigative consumer report about me.

Such reports may contain information about my:

1. credit standing;
2. credit worthiness;
3. credit capacity;
4. personal characteristics; or
5. mode of living.

The authorization to obtain these reports extends to:

1. companies affiliated with You.
2. Consumer reporting agencies; and
3. insurance support organizations representing You.

The authorization also extends to subsequent reports in connection with the same transactions. I understand that I am entitled to receive:

1. a copy of this form; and
2. copies of any credit report about me.

I also understand that I may request to be interviewed in connection with the preparation of reports about me.

APPLICANT/NAMED INSURED'S SIGNATURE

DATE *

* THIS AUTHORIZATION EXPIRES ONE YEAR FROM THIS DATE