



# VERMONT INSURANCE SUPPLEMENT

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

**VERMONT FAIR CREDIT REPORTING ACT  
 CONSENT TO OBTAIN A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT**

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THE SAME TRANSACTION TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

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APPLICANT/NAMED INSURED'S SIGNATURE

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DATE (MM/DD/YY)