STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
AUTHORITY FOR RELEASE OF INFORMATION

I, _____ , presently resident at

_____ and am affiliated with or proposed to be affiliated with

_____ which is applying for licensure or a permit to organize

by the Office of Insurance Regulation.

I understand that the Office of Insurance Regulation will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as to matters related to this inquiry.

I hereby give my permission and waive any provisions of law that forbids any court, police agency, employer, firm, or person, disclosing any knowledge of information related to this inquiry that they have concerning me which is requested by the Office of Insurance Regulation. I further consent and request that the Director of the Office of Insurance Regulation, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.

I recognize that the Office of Insurance Regulation is subject to Chapter 119, F.S. and Section 626.989(5), F.S. with respect to confidential sources.

_____ _____
Applicant's Signature Date

This document was executed and signed in the presence of the following witnesses:

1. _____ 2. _____

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____,20_____

_____
Notary Public

(Notary Seal)

My Commission Expires:

OIR-C1-450
REV 5/00