2361 Highway 36 West St Paul, MN 55113 Phone: (651) 342-1480

Agency:

AssuredPartners

Fax: (651) 342-1763

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

nasbp.org/toolkit

Address:	2361 Highway 36 West, St Paul MN 55113		
Surety 1: Surety 2: Surety 3:			
I hereby author	rize each of the above listed Agency and it's Surety Companies	s to:	
ar	btain my personal credit report from a credit reporting agency ond or review my personal credit report.	of their respective choice,	
	and agree that the above listed parties intend to use the credit in financial situation as part of the overall surety underwriting pro		
content of my preporting agen	elow also authorizes the above listed Agency to exchange with personal information and credit report. Authorization is further cy to use a copy of this form to obtain any information the credit omplete my credit report.	granted to the credit	
I understand th	at I may revoke my consent to these disclosures by notifying the	he Agency in writing.	
Full Name:	SSN:	DOB:	
City:	State:	Zip:	
Signature	Da	Date	
Full Name:	SSN:	DOB:	
City:	State:	Zip:	
Signature	Da	Date	

Copy as necessary for all applicants

Completed consents may be scanned & e-mailed to: amy.thompson@assuredpartners.com or faxed to (651) 342-1763

