



Applicant Authorization

Financial Casualty & Surety, Inc. (FCS) is required by law to protect applicants and customers nonpublic personal financial information.

Financial Casualty & Surety, Inc. will not disclose the nonpublic personal financial information of applicants and customers except as permitted by law.

We collect your nonpublic personal financial information from the following sources:

- Information obtained from you, including information from your application, such as name, address, telephone number, social security number, assets, and income
- Information from business entities about transactions and experiences, such as your premium payment and claims history
- Information from a consumer reporting agency, such as your credit history

Financial Casualty & Surety, Inc. maintains electronic, physical, and procedural safeguards that comply with Federal regulations to protect your nonpublic personal financial information. We limit access to your nonpublic personal financial information to those employees who need to know that information to perform their job responsibilities.

As the applicant, you certify that there are no misrepresentations, omissions, or falsifications in the forgoing statements and answers. You certify that the entries made above are true, complete, full, and correct to the best of your knowledge and belief and are made in good faith.

You authorize the legal agencies, any person, former employers, or corporations having personal knowledge about you to give any information or answer all questions asked concerning your ability, work, or moral character in connection with this application.

You further agree and consent that in the event this application is found to contain false statement(s), omission of material information, or misrepresentation of any kind, this application may be disapproved, disallowed, or cancelled without the showing of any further cause.

You consent that a photocopy of this authorization is to be accepted with the same authority as the original.

You understand this authorization and the information gathered is to be part of your permanent file and business records maintained by Financial Casualty & Surety.

Signature

STATE OF

COUNTY OF

On

before me,

personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of

that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(SEAL)

Commission Expires: