

AUTHORIZATION FOR PRIOR CLAIM HISTORY



AMERICAN INSURANCE SERVICES GROUP

AN ISO COMPANY
646 WASHINGTON BOULEVARD, 22ND FLOOR JERSEY CITY, NEW JERSEY 07310-1996
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REQUEST FOR DISCLOSURE TO THIRD PARTIES

NAME _____
(LAST) (FIRST) (MIDDLE)
PRESENT ADDRESS _____
PREVIOUS ADDRESS _____
PREVIOUS ADDRESS _____
DATE OF BIRTH _____ SOCIAL SECURITY NO _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from ClaimSearch under false pretenses may be fined more than \$5,000 or imprisoned not more than 1 year or both. I will understand that if ClaimSearch is unable to establish proper identification, it will be obliged to decline my request for disclosure.

I understand there is a \$25.00 fee (payable to AISG) to cover the expense of the disclosure and I have enclosed my check for that amount. (No search will be done without payment)

I hereby request that ISO ClaimSearch disclose the contents of my file to the person(s) listed below.

No reports will be released without my signature.

NAME _____

ADDRESS _____

DATE _____

SIGNED _____