



## CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC. Blanket Authorization Form

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Contractor Managing General Insurance Agency, Inc. upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. This authorization to remain in force until rescinded by the applicant in writing.

**A copy of this agreement shall be considered the same as the original.**

To become a part of and attached to the application for:

|  |                     |
|--|---------------------|
| (Name of Business)                           | (Tax ID #)          |
| (Business Address, Street, City, State, Zip) |                     |
| (Principal)                                  | (Social Security #) |
| (Home Address, Street, City, State, Zip)     |                     |
| <b>(Principal's Signature)</b>               | <b>(Date)</b>       |
|  |                     |
| (Name of Business)                           | (Tax ID #)          |
| (Business Address, Street, City, State, Zip) |                     |
| (Principal)                                  | (Social Security #) |
| (Home Address, Street, City, State, Zip)     |                     |
| <b>(Principal's Signature)</b>               | <b>(Date)</b>       |

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL AT ANY TIME!  
20335 VENTURA BLVD., SUITE 426, WOODLAND HILLS, CA 91364  
PHONE: 866-363-2642      FAX: 866-234-0415**