

# POLICY REVIEW AUTHORIZATION

Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Smoker? (Circle One): Yes No

Name of Policy Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Please accept this letter as authorization for the below named individual/firm to be provided with any and all information regarding the above referenced policies, including current in-force ledgers.

Agent: Julianne Lepo & Katie Weibel /Specific Solutions, 475 International Drive, Williamsville, NY 14221 - Fax: 716-632-6051

**Authorization:**

I authorize Julianne Lepo & Katie Weibel /Specific Solutions to obtain any information, including in-force ledgers.

Signature of Insured: \_\_\_\_\_ Print Name of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Policy Owner: \_\_\_\_\_ Print Name of Policy Owner: \_\_\_\_\_ Date: \_\_\_\_\_