



In-Force Policy Authorization

Carrier Name: \_\_\_\_\_

RE: Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

To whom it may concern:

I hereby authorize you to release any information on the above captioned policy with your company directly to the KeyArx Group via phone, fax, mail or email. This includes but is not exclusive to the information below that the KeyArx Group is currently requesting. A photocopy or faxed copy of this authorization shall be as valid as the original.

Thank you for your attention to this request.

Please release the following policy information to the KeyArx Group at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

Policy owner's signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Policy owner's name: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

**\*If policy is owned by a Trust, please have the trustee sign as policy owner.**

**PLEASE FORWARD REQUESTED INFORMATION TO THE KEYARX GROUP  
VIA FAX AT 732-312-5070 OR EMAIL AT INFO@KEYARX.COM**