



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

2740 Rt. 10 West, Suite 205
Morris Plains, NJ 07950
(973) 402-1200

CREDIT REPORT AUTHORIZATION AND
PRIVACY DISCLOSURE FORM

Agency: _____
Address: _____

Surety 1: _____
Surety 2: _____
Surety 3: _____

I hereby authorize each of the above listed Agency and Surety Companies to:

- Obtain my personal credit report from a credit reporting agency of their respective choice, and
To review my personal credit report.

I understand and agree that the above listed parties intend to use the credit report(s) for the purpose of evaluating my financial situation as part of the overall surety underwriting process.

My signature below also authorizes the above listed parties to exchange with each other the complete content of my personal information and credit report. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

I understand that I may revoke my consent to these disclosures by notifying the Agency in writing.

Full Name: _____ SSN: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____

Signature _____ Date _____

Full Name: _____ SSN: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____

Signature _____ Date _____

Copy as necessary for all applicants
Completed consents may be either:
scanned & e-mailed to: _____
or faxed to: _____