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**AUTHORIZATION TO RELEASE POLICY INFORMATION**

Insured: \_\_\_\_\_ Policy or Site Registration No: \_\_\_\_\_

This is to certify that the undersigned is a duly authorized representative of the above named insured and that by signing this authorization, you, as the insured, are authorizing PMMIC and its agents to provide information from PMMIC’s files and database of the named insured to the party outlined in the authorization.

Information to be released to the party named in this authorization includes any information PMMIC and its agents may maintain in their files associated with the above named insured regarding testing, loss control and inspection, underwriting, premiums, and claims during any periods of time that the above named insured may have applied for insurance with PMMIC or during all of the periods of time PMMIC may have insured the above and/or predecessor companies.

This authorization remains in effect as it relates to releasing information to the named party until it is withdrawn in writing by the insured.

By providing this information to the party outlined in this authorization, the insured outlined above agrees to waive any claims or damages against PMMIC or its agents associated with the release of this information to the party named in this authorization.

Party or organization PMMIC is authorized to release information to:

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email address: \_\_\_\_\_

Insured Representative and Title:

\_\_\_\_\_

Date \_\_\_\_\_

Witness: \_\_\_\_\_

Date \_\_\_\_\_