

Authorization to Furnish Insurance Coverage Details

I, , hereby authorize to release and furnish details regarding my insurance coverage to .

This authorization includes, but is not limited to, the following information:

- Type of coverage
- Effective dates of policy
- Policy limits
- Policyholder's name
- Any other relevant details pertaining to my insurance coverage

This authorization is valid until , unless otherwise revoked in writing.

Signature: _____

Date: