

By signing the line below, I hereby authorize _____ to release to AssuredPartners of Minnesota LLC the information requested and to discuss same with them, said to remain in effect until rescinded.

Signature _____ Name _____ Date _____

The section below is to be completed by your bank.

ACCOUNT INFORMATION

Account Name: _____
 Address: _____
 Financial Institution: _____
 Customer Since: _____ Information is current as of: _____

	Checking	Savings
Current Balance:	\$ _____	\$ _____
Average Balance: <i>(last 12 months)</i>	\$ _____	\$ _____

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$ _____	\$ _____
Amount Currently Borrowed:	\$ _____	\$ _____
Maximum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Minimum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Expiration Date:	_____	_____
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Comments: _____

COMPLETED BY

Name: _____ Title: _____
 Branch: _____ Phone: _____
 E-mail: _____

Signature _____ Name _____ Date _____

