

Signature

nasbp.org/toolkit

By signing the line below, I hereby authorize AssuredPartners of Minnesota LLC the inform	ation requested and to discuss	to release to same with them, said
to remain in effect until rescinded.	-	,
Signature	Name	Date
	to the barrier state of the second	
	is to be completed by you OUNT INFORMATION	r Dank.
Account Name:	OUNT INFORMATION	
Address:		
Financial Institution:		
Customer Since:	Information is current as of:	
	Checking	Savings
Current Balance:	\$	\$
Average Balance: (last 12 months)	\$	\$
	F CREDIT INFORMATION	
Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$	\$
Amount Currently Borrowed:	\$	\$
Maximum Borrowed: (last 12 months)	\$	\$
Minimum Borrowed: (last 12 months)	\$	\$
Expiration Date:		
In compliance with all covenants?	🗌 Yes 🗌 No	Yes No
GEN	ERAL INFORMATION	
Comments:		
	COMPLETED BY	
Name:	Title:	
Branch:	Phone:	
E-mail:		

nasbp.org/toolkit - Version 2.0 © Copyright 2010 National Association of Surety Bond Producers. All Rights Reserved. The NASBP Tool Kit is for the use and benefit of NASBP members, affiliates, and associates. For complete terms and conditions, visit nasbp.org/toolkit.

Name



Date