*Please print on letterhead*

October 31, 2013

 RE: Loss runs request for:

Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

I hereby authorize you to release claims information, including but not limited to loss run(s), directly to Austin & Austin Insurance Services, Inc. attention John Austin to fax number 925-416-1693. I am making this request in compliance with California Insurance Code Section 791.06.

This information is to be used for underwriting. It is not to be construed to require any authorization for the receipt of personal or privileged information about an individual.

This authorization shall remain valid for one year from the date above.

Thank you.

Sincerely,