

**Authorization Letter
For Release of Prior Loss Information**

Today's Date: _____

Client Name: _____

I/we authorize ABI Business Insurance Services, Inc. to obtain my loss run
information on the below listed policies:

Policy Dates	Insurance Company	Policy Number
<u>2006-2007</u>	_____	_____
<u>2005-2006</u>	_____	_____
<u>2004-2005</u>	_____	_____
<u>2003-2004</u>	_____	_____
<u>2002-2003</u>	_____	_____

Customer Signature: _____

Please Return ASAP to: FAX # (800) 980-1960

ABI Business Insurance Services, Inc.
32107 West Lindero Canyon Road #126
Westlake Village, CA 91361

If you have any questions, please feel free to call (800) 980-1950