

DEPOSITOR COMPLETE THE TOP PORTION

Name and Address of Business Accounts

Name and Address of Bank

Acct. Numbers

Attention

Name and Address of Personal Accounts

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED

Acct. Numbers

X

Signature

Date

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

- 1.) This customer has been with our bank since:
2.) Please Complete:

Table with 5 columns: ACCT NO., TYPE, AVG. BALANCE (PAST 6 MONTHS), CURRENT BALANCE, ANY OVERDRAFTS? FLOATS? RETURNED CHECKS?

CREDIT ACCOUNTS

- 3.) We have granted credit to them since:
4.) Current line of Credit extended:
5.) Is this secured? If so, by what?
6.) Current balance outstanding on the line:
7.) Renewal date of the line:
8.) Has the line been handled as agreed?
9.) Other loans extended: Current balance: Monthly Payments:
10.) Are these secured? If so, by what?
11.) Have these been handled as agreed?
12.) Your experience and opinion of this applicant's financial responsibility and business reputation:

AGENCY

BANK OFFICER

Name INSURICA Southwest Insurance Services LLC
Address 4646 E Van Buren #200 PHX, AZ 85008
Phone 602.273.1625 / Fax: 602.273.0212
Email
Signature
Date

Name
Phone
Email
Signature
Date