

# AUTHORIZATION TO COLLECT CREDIT INFORMATION

Applicant and Mail Address

Insurance Company	Agency and Mail Address	Agt. No.: _____
North Star Mutual Insurance Company 269 Barstad Road South PO Box 48 Cottonwood, MN 56229	Phone No.: _____ Fax No.: _____ E-Mail Address: _____	

I, the undersigned, hereby authorize the agent named above, if any, and/or the underwriting department of the insurance company named above to collect credit-related and other information about me from the following types of organizations:

- Credit bureaus
- Other organizations providing personal or privileged information

I understand this information will be used for the purpose of making underwriting decisions in connection with the insurance for which I have applied, sought reinstatement or requested a change in benefits. These decisions may include determinations to grant or deny me coverage and/or the rates I will be charged.

If the authorization is signed to collect information in connection with an application for a property and casualty insurance policy, a policy reinstatement, or a request for a change in benefits, I understand that this temporary authorization will expire as soon as one of the following occurs:

- The above-named company makes the underwriting decision(s) in question, or
- One year elapses after the date I sign this authorization.

However, if the insurance company named above issues a policy, then I understand that this authorization continues to apply for subsequent amendments and renewals as long as the policy remains in force.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date (mm-dd-yyyy)**

(MINNESOTA ONLY note: We are required to obtain this authorization from you pursuant to Minnesota Statute 72A.501.)