Allied Insurance

a member of Nationwide Insurance

Authorization To Collect Credit Information

We are required to obtain this information from you pursuant to Minnesota Statute 72A.501

Insurance Company or Agency Name:

Agency Name	McAlpin Agency, Inc.
Agency Street Address	4230 Central Ave Ne
Agency City, State, Zip	Columbia Heights MN 55421-2954

Representative(s) of Insurer to Whom Information Will Also Be Disclosed:

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 information about me from the following types of organizations:

- Credit Bureaus
- Other organizations providing credit-related 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 determining the rates I will be charged.

I understand that this information may be further disclosed to representatives of the insurance company, as noted above.

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 (see below).

Insured's Name: _____

Signature: _____

Date Signed: _____

Policy Number: _____

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