



## AUTHORIZATION FOR RECORDS AND INFORMATION RELEASE

This Authorization or a photocopy thereof will authorize you to release to the Virginia Property Insurance Association and its authorized representatives and attorneys, including but not limited to, all records, documents and other information regarding you and which are maintained or known by you. By this Release, the undersigned waives any privilege that he\she may have regarding such records or information. The Association is also authorized to copy and retain any documents or other information furnished in accordance with this Release. All reasonable cost for copying such records will be paid by Virginia Property Insurance Association. This release is valid for up to two years from the date of loss.

This Authorization will also permit the Virginia Property Insurance Association and its authorized representatives and attorneys to disclose the information from the claim and underwriting files to other insurance companies, law enforcement officials or other government entities as governed by all provisions of the Virginia code.

The undersigned Policyholder(s) has executed this Authorization with the express understanding that it may be presented to any lending institutions, creditors, credit bureaus, and all other persons, businesses, and agencies having records or information regarding the Policyholder(s).

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

_____	_____
Policyholder	Policyholder's Social Security Number
_____	_____
Policyholder	Policyholder's Social Security Number
_____	_____
Witness	Date
_____	_____
Claim Number	Date of loss