

Policy Information Release:

Policy #:

Named Insured:

I, _____, authorize Stonewood Insurance Services to release my policy information to the names listed below:

1. _____
2. _____
3. _____

I understand that by signing this authorization form, the person(s) listed above will be able to obtain policy information about billing and coverage. They will not be allowed to make any changes to my policy, obtain any personal information such as address or phone, or be sent any documents on my policy.

Insured Signature

Date

Return to:

Fax: 916-636-0143

E-mail: Scan & send to: customerservice@stonewoodinsurance.com.

Mail: PO Box 2528 Rancho Cordova CA 95741