ACORD™ FLORIDA INSURANCE SUPPLEMENT

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
		TELEPHONE NUMBER		
	COMPANY	COMPANY CONTACT TELEPHONE NUMBER		
CODE: SUBCODE:				
AGENCY CUSTOMER ID	POLICY NUMBER	☐ NEW ☐ RNWL	EFFECTIVE DATE	EXPIRATION DATE

CREDIT REPORT DISCLOSURE INFORMATION
(Personal Auto and Homeowners Insurance)

In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

APPLICANT'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

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