
American Insurance Services Group

An ISO COMPANY

545 Washington Boulevard, 22nd Floor Jersey City, New Jersey 07310-1666

Phone (201) 459-2000 Fax (201) 459-4009

Request For Disclosure To Third Parties

Name _____
(Last) (First) (Middle)

Present Address _____

Previous Address _____

Previous Address _____

Date Of Birth _____ Social Security No _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from ClaimSearch under false pretenses may be fined more than 5,000 or imprisoned not more than 1 year or both. I will understand that if ClaimSearch is unable to establish proper identification, it will be obliged to decline my request for disclosure.

I understand there is a \$25.00 fee (payable to AISG) to cover the expense of the disclosure and I have enclosed my check for that amount. (No search will be done without payment)

I hereby request that ISO ClaimSearch disclose the contents of my file to the person(s) listed below.

No reports will be released without my signature.

Name _____

Address _____

Date _____ Signed _____