CONTRACTORS BEST INSURANCE SERVICES INC.

20335 Ventura Blvd., Ste 426A, Woodland Hills, CA 91364 Telephone No.: 818-348-4900 FAX No.: 866-309-9237 CA License #0F37560

Blanket Authorization Form

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish <u>CONTRACTORS BEST INSURANCE SERVICES INC.</u> upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. This authorization to remain in force until rescinded by the applicant in writing. **A copy of this agreement shall be considered the same as the original.**

To become a part of and attached to the application for:

(Name of Business)	(Tax ID #)
(Business Address, Street, Ci	ity, State, Zip)
(Principal)	(Social Security #)
(Home Address, Street, Cit	ty, State, Zip)
(Principal's Signature)	(Date)
(Name of Business)	(Tax ID #)
(Business Address, Street, Ci	ity, State, Zip)
(Principal)	(Social Security #)
(Home Address, Street, Cit	ty, State, Zip)

(Date)

(Principal's Signature)