



Accounting (405) 815-4824 • Claims (405) 815-4802 • Marketing (405) 815-4845 • Risk Mgt. (405) 815-4803
Underwriting (405) 815-4801 • Toll Free (866) 867-4566 • Fax (405) 815-4900

CONSENT FOR RELEASE OF CLAIMS OR LOSS INFORMATION

Name (individual):		Policy #:
Name of Employer of Group:		
Degree or Title:		
Current Address:		
City/State/Zip Code:		
Office Phone:	Home Phone:	Fax:
E-Mail:	Web Site:	

I, _____ hereby request and consent to the release of claims and/or loss information under my current or previous PLICO policy(ies), to the organization or person stated below:

Name of Organization: _____

Address: _____

Contact name: _____ **Title:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Signature: _____ **Date:** _____