



Accounting [405] 815-4824 • Claims [405] 815-4802 • Marketing [405] 815-4814 • Risk Mgt. [405] 815-4803  
Underwriting [405] 815-4801 • Toll Free [866] 867-4566 • Main Phone Number [405] 815-4800

**FAX: (405) 815-4900**

### CONSENT FOR RELEASE OF CLAIMS OR LOSS INFORMATION

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

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:** \_\_\_\_\_