



CREDIT AUTHORIZATION AGREEMENT

In order for Quantum Insurance, its affiliates, and/or insurance companies that have agency agreements with Quantum Insurance, to assess the Applicant in connection with the possible issuance of a bond product, it may be necessary to obtain information from third party sources. The individuals signing below have an interest in having Quantum Insurance do business with the Applicant. To assist Quantum Insurance in gathering underwriting information, these individuals hereby authorize Quantum Insurance to perform the following:

- (1) Secure consumer reports from consumer reporting agencies
- (2) Make such pertinent inquiries as may be necessary from other sources to verify the information supplied to Quantum Insurance.

To the extent required by law, the Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, of the name and address of the consumer reporting agency furnishing the report.

APPLICANT (Company Name)

Individual:

(Signature)

(Printed name)

(date)

(SSN)

(Birthday) (00/00/0000)

(Home Address) (Street)

(Home Address) (City, State, Zip)

Individual:

(Signature)

(Printed name)

(date)

(SSN)

(Birthday) (00/00/0000)

(Home Address) (Street)

(Home Address) (City, State, Zip)