

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER
AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Southland National Insurance Corporation, by and through its independent contractor, **BACKGROUND AMERICA, INC. ("BAI")**, and/or **EQUIFAX CREDIT INFORMATION SERVICES ("EQUIFAX")**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to **BAI** or **EQUIFAX** that is made within a reasonable time after the date thereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **SOUTHLAND NATIONAL INSURANCE CORPORATION**, by and through **BAI** and/or **EQUIFAX**, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiles the information itself or receives it from other sources.

I hereby release **SOUTHLAND NATIONAL INSURANCE CORPORATION, BAI, EQUIFAX**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claims or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME _____
First Middle Last

SIGNATURE _____ DATE _____

COMPLETE RESIDENCE ADDRESS _____
Street Number / PO Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER _____

DAYTIME PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUANCE _____

DATE OF BIRTH* _____ GENDER* _____

*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.