

ACORD™ VERMONT INSURANCE SUPPLEMENT

AGENCY CODE: AGENCY CUSTOMER ID	SUBCODE:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)		TELEPHONE NUMBER		
		COMPANY	ACCOUNT NUMBER			
		POLICY NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE	

VERMONT FAIR CREDIT REPORTING ACT CONSENT TO OBTAIN A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THIS POLICY, RENEWAL POLICIES AND POLICY SERVICES SUCH AS ADDING OR DELETING COVERAGE AT MY REQUEST.

APPLICANT/NAMED INSURED'S SIGNATURE

DATE (MM/DD/YYYY)