

**Authorization to Obtain and Disclose Information**

I give my consent to all of the entities listed below to give the Company, its legal representative, MoneyIns (a New York Company), and affiliated insurers all information they have pertaining to: medical consultations, treatments, or surgeries; hospital confinements for physical and mental conditions; use of drugs or alcohol; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company at 1-877-341-3342 toll-free or in writing at: MoneyIns, Inc. 4704 E. Lake Rd, Cazenovia, NY 13035.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize MoneyIns or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report.

Check if you wish to be interviewed.

**Owner Signature**

Signed at (city, state) \_\_\_\_\_ On (date) \_\_\_\_\_

**X** \_\_\_\_\_

If the Company needs to contact the owner, when would be the best time to call?

Time                      Day of Week                      Date                      Phone # (       )