

CONSENT FORM

In connection with my application for insurance, I hereby consent that Commercial Union York Insurance Company and any of its affiliates can obtain a credit report about me whereby information on my credit worthiness, credit standing, and credit capacity can be obtained. I further consent to the above-referenced company and any company affiliated with the above-referenced company obtaining subsequent credit reports, in connection with the same transaction, to the extent permitted by law. I understand that I may make a written request, within a reasonable period of time, for a complete and accurate disclosure of the nature and scope of the investigation requested.

Signature of consumer: _____

Date of Birth: _____

Social Security #: _____

Date: _____