

SUTTER INSURANCE COMPANY
AUTHORIZATION FOR RELEASE OF LOSS HISTORY INFORMATION

****PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO AVOID DELAYS****

Named Insured: _____
DBA: _____
Current Policy: _____
Prior Policy: _____
Prior Policy: _____
Prior Policy: _____
Prior Policy: _____

This is my full authorization to release a claim loss history for the policy (or policies) listed above to:

- Named Insured (Insured's signature **is not required** if mailed to the insured at last address on file.)
Email Address (Insured's signature is required): _____
If you have a New Mailing Address (**Insured's verifiable signature is required**):
Street Address: _____
City: _____
State: _____ Zip Code: _____
- Insurance Broker (**Insured's verifiable signature is required**):
Business Name: _____
Recipients Name: _____
Email Address: _____

California Insurance Code 679.7 allows us to send the insured's loss history to their insurance broker only when we have the insured's authorization. Therefore, if this form is unsigned or the signature provided does not match the signature on file, or does not include a Document Completion Certificate when a digital signature is provided, we will only mail a copy of the requested loss history to the insured directly. If mailed, and this form was emailed to us, we will notify you at the same email address this form was sent from.

Insured's Name

Insured's Signature

Date (required)

**** PLEASE NOTE THAT SUTTER DOES NOT SELL YOUR INFORMATION TO ANYONE ****