

## Risk Assessment Audit

**To Whom It May Concern:**

Please accept this letter as authorization for the individual(s) named below to be provided with pertinent information for the below referenced policy(ies). This information may include copies of my most recent statements/policy values as well as in-force ledgers as needed to analyze my policy.

Insured #1: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Insured #2: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy #1 applies to:  Insured #1  Insured #2

- |   |  |
|---|--|
| <input type="checkbox"/> Insurance Company*: _____<br><input type="checkbox"/> Policy Number (optional): _____<br><input type="checkbox"/> Owner/Trustee: _____ | <input type="checkbox"/> Owner is the Insured<br>Owner's SSN or Tax ID*: _____<br>Owner's DOB or Trust Date (if applicable): _____ |
|---|--|

Policy Owner's Address: \_\_\_\_\_

\*required information

Policy #2 applies to:  Insured #1  Insured #2

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance Company: _____<br><input type="checkbox"/> Policy Number: _____<br><input type="checkbox"/> Owner/Trustee: _____ | <input type="checkbox"/> Owner is the Insured<br>Owner's SSN or Tax ID: _____<br>Owner's DOB or Trust Date (if applicable): _____ |
|---|---|

Policy Owner's Address: \_\_\_\_\_

**Authorization:**

I authorize Trumark, to obtain information, including any statements and in-force ledgers needed, to provide me with a review of the above referenced policy.

X _____	X _____	Date: _____
Signature of Insured #1	Signature of Insured #2	

_____	_____	
Printed Name of Insured #1	Printed Name of Insured #2	

X _____	X _____	Date: _____
Signature of Owner/Trustee #1 (if different than insured)	Signature of Owner/Trustee #2 (if different than insured)	

_____	_____	
Printed Name of Owner #1	Printed Name of Owner #2	

Please return to: 201 North Civic Drive, Suite 360, Walnut Creek, CA 94596 FAX 925-472-3909 EMAIL insurance@alamocapital.com

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