

Agency Information Release Approval

 Fax to: 1-800-630-9250

 Scan and email to: opepfs@nfcfinance.com

 Questions? Call Toll Free: 1-800-600-9250

Insurance Company / Managing General Agent Authorization

To: _____
Provide Insurance Company Reference Name #1 *Insurance Company Reference Name #2*

_____ *Provide Managing General Agent/Broker Reference Name #1* *Managing General Agent/Broker Reference Name #2*

Authorization is hereby granted by _____ (agency name)
to discuss your experience and business tenure of your relationship with our agency. We understand the
information being requested will assist us in implementing an insurance premium finance arrangement with
NCMIC Finance Corporation.

Agency Name: _____

Authorized Signature: **X** _____

Bank Information Authorization

To: _____
Provide Bank Name

Authorization is hereby granted by _____ (agency name)
to provide loan and depository information to NCMIC Finance Corporation as requested by them in conjunction with
our pending insurance premium finance agreement.

Agency Name: _____

Authorized Signature: **X** _____