

AUTHORIZATION TO RELEASE INSURANCE INFORMATION

I, _____, hereby authorize **McGlynn, Glisson & Mouton**, to receive and review all insurance policies insuring (business name) _____, or related entity, and hereby request that you cooperate with them fully, providing them any and all insurance policies and/or other information they may request.

THIS DONE AND SIGNED on this _____ day of _____, 2020.

Client Signature

Print Name on behalf of (Business Name)