[Please place on SU or district letterhead]

April 13, 2015

[Current Carrier Name Street, City, State]

RE: Authorization to Release Information - Confidential

To Whom It May Concern:

Effective as of the date of this letter, this letter authorizes you on our behalf to furnish Gallagher Benefit Services representatives, in confidentiality with all information regarding employee benefits they may request as it pertains to contracts, rates, rating schedules, surveys, loss reserves, retentions, and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the employee benefit plans to which this letter applies.

Sincerely,

[Signature]

Cc:



Two Pierce Place - 22nd Floor | Itasca, IL 60143