

THE TEXAS DEPARTMENT OF INSURANCE
Disclosure of Information Consent and Release Form

Policyholder Name: _____

Policy Number: _____

Address Covered Under the policy:

City: _____ State: _____ Zip: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____

I authorize the Texas Department of Insurance (TDI), and those acting pursuant to its authority to:

Disclose policy information to American National Insurance Company consisting of My/Our previous TWIA policy declaration page as a TWIA insured where Darryl W. Golter was the writing agent.

The reason or purpose for this release is to enable American National Insurance Company and American National Property and Casualty Company to adjudicate my windstorm claim resulting from Hurricane Ike. This release is valid for 75 days from the date transcribed below.

My signature means that I have read this form and/or have had it read to me and explained in language I can understand.

I hereby RELEASE and HOLD HARMLESS the TDI and those acting pursuant to its authority from all legal responsibility and liability for any injuries, losses, damages, or theft for any violation of any personal or proprietary right that I may have in connection with the release of such information. Further, I do hereby RELEASE for myself, my heirs, my executors and administrators, any and all rights to claims for damages arising from any injuries, losses, damages, or theft thereof as a result of the release of information by TDI.

Signature: _____ Date: _____

Please mail the signed form to:

Insurance Fraud Unit – MC 109-3A
Attn: Captain Jeff Kirk
P.O. Box 149336
Austin, TX 78714-9104