To: Policyholders of AF Group

From: AF Group Inc., Premium Audit Department

Dear Policyholder:

We ask that you assist AF Group, Inc., the parent company of Accident Fund, United Heartland, CompWest, Third Coast Underwriters and AmeriTrust Group, in the handling of your audit by giving or withholding permission to release your audit worksheets to your insurance agent.

AF Group, Inc. has a responsibility to its policyholders to protect confidential information contained in our audit reports. These audit reports contain payroll and other sensitive information. Please tell us whether we can release your audit worksheets to your agent.

This permission is valid only for the following policy number with the following effective dates and does not constitute permission to share audit information for any other policies, past, present or future.

Please Complete:

Name of Company: Name of Insurance Agency:

Policy Number: Effective Date: Expiration Date:

(Check One)

☐ **YES** I authorize AF Group, Inc. and its subsidiaries to provide audit worksheets to the insurance agent listed above.

☐ **NO** I do not authorize AF Group, Inc. and its subsidiaries to share my audit worksheets with my insurance agent.

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(PLEASE PRINT)

Name:

Title: Email:

Signature: _____ Date of Release:

Telephone:

You must contact Premium Audit to inform AF Group if you wish to change your answer above or to notify us of a change in agent. Unless we hear otherwise, we will follow your instructions as set forth above. By signing this form, you hereby release AF Group, Inc. and its subsidiaries from any and all liability related to the release of your audit worksheets to the above-listed agent.