

Producer Letterhead

**PRIVACY WAIVER AND AUTHORIZATION OF DISCLOSURE TO
LEXINGTON NATIONAL INSURANCE CORPORATION AND PRODUCER**

By signing this Privacy Waiver form, you are giving the federal, state, or local government agency or agencies upon whom the following information and records are being requested authorization to disclose such information and records about you to Lexington National Insurance Corporation and Producer.

Therefore, by signing this document, I am authorizing the federal, state, or local government agency or agencies upon whom the following information and records are being requested to share and disclose the following information and records to Producer:

Information and records related to, or evidencing the receipt of, public benefits by me, which consists of any government assistance in the form of cash, checks or other forms of money transfers, or instrument, as well as non-cash government assistance in the form of aid, services, or other relief.

Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth:
	Country of Birth:
Third Party Recipient's Name:	Third Party Recipient's Phone Number:
Third Party Recipient's Mailing Address: [Address]	
Third Party Recipient's Name: Lexington National Insurance Corporation	Third Party Recipient's Phone Number: 410-625-0800
Third Party Recipient's Mailing Address: P.O. Box 6098, Lutherville, Maryland 21094-6098	

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct. I authorize the federal, state, or local government agency or agencies upon whom the foregoing information and records are being requested to share and disclose my information and records to Lexington National Insurance Corporation and Producer. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of the federal, state, or local government agency or agencies upon whom the information and records are being requested, and that these the federal, state, or local government agency or agencies have no control over how Lexington National Insurance Corporation and Producer will use or disseminate my information and records. I agree to release and hold harmless the federal, state, or local government agency or agencies upon whom the information and records are being requested from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information and records pursuant to this Privacy Waiver.

I also understand, acknowledge and agree that this Privacy Waiver will remain valid unless and until I revoke it in writing by mailing revocation to the Lexington National Insurance Corporation and Producer at the address listed above. I also agree that a copy of this signed form may be used in lieu of the original.

Your Signature: _____

Date: _____