

## Form 2

---

To Whom It May Concern

RE: Loss History

You are hereby authorized to release any premium and loss history regarding our workers' compensation experience to Arthur J. Gallagher & Company, 3000 Kilpatrick Blvd., Monroe, LA 71201. A reproduction of this authorization shall be as binding as the original.

Your prompt attention will be appreciated.

---

Date

---

Print Name of Authorized Owner/Officer

---

Print Company Name

---

Signature of Authorized Owner/Officer

---