



**CREDIT AUTHORIZATION ADDENDUM
FOR CATIC® TITLE INSURANCE POLICIES**

TO: CATIC

FROM: _____

AGENT #: _____

The following agents associated with the agency will be authorized to issue policies on the agency's behalf:

Name: _____

Date of Birth: _____ SS No.: _____

E-Mail Address: _____

Have You Been Known By Other Names? No _____ Yes _____ (Please list) _____

Signature: _____ Date: _____

Name: _____

Date of Birth: _____ SS No.: _____

E-Mail Address: _____

Have You Been Known By Other Names? No _____ Yes _____ (Please list) _____

Signature: _____ Date: _____

It is understood that CATIC may obtain a credit report and a consumer investigative report whereby information is obtained through personal interviews with third parties with whom applicant is acquainted. This inquiry includes information regarding character, general reputation, personal characteristics and mode of living, whichever may apply. The applicant has the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of our investigation. The applicant authorizes CATIC to obtain said credit and investigative report from the date of this application and in the future, at such time and with such frequency as CATIC deems appropriate.

Please return to:
CATIC
101 Corporate Place
Rocky Hill, CT 06067