AUTHORIZATION TO RELEASE INSURANCE INFORMATION

I hereby authorize **Missouri River Associates, LLC** to release my private insurance information to the party listed below. This authorization is provided voluntarily and may be revoked at any time in writing.

Client Full Name:	_____
Date of Birth:	_____
Phone Number:	_____
Email Address:	_____
Insurance Carrier(s):	_____
Policy Number(s):	_____
Information Released To (Name & Company):	_____
Purpose of Release:	_____

I understand that this authorization permits the release of insurance-related information including policy details, coverage information, claims history, and related documents. This authorization remains valid until revoked in writing.

Client Signature:	_____	Date:	_____

Missouri River Associates, LLC
Insurance Professionals
124 Walnut St.
Yankton, SD 57078
Phone: 605-665-6885