



ERIE INSURANCE GROUP  
100 Erie Insurance Place Erie, PA 16530

## AUTHORIZATION TO DISCLOSE POLICYHOLDER INFORMATION

The undersigned, a current or former Policyholder of one of the insuring entities of Erie Insurance Group ("ERIE"), hereby authorizes ERIE and the undersigned's present or former ERIE Agent(s) to divulge any underwriting, loss, or other information regarding the undersigned's current or expired ERIE Policy(ies) to the prospective ERIE Agent whose name appears below.

\_\_\_\_\_  
Policyholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
ERIE Agent