



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

REQUEST FOR RELEASE OF LETTER OF CREDIT

REQUEST IS MADE FOR RELEASE OF THE FOLLOWING LETTER OF CREDIT FROM SAFEKEEPING WITH THE ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS WHO IS HOLDING THE LETTER OF CREDIT FOR:

_____ (Name of company)

_____ (NAIC #)

LETTER OF CREDIT DESCRIPTION:

Name of Financial Institution: _____

Face Amount: \$ _____

Expiration Date: _____

Letter of Credit Number: _____

INSTRUCTIONS FOR DELIVERY OF THE RELEASED LETTER OF CREDIT ARE:

A. The Company authorizes _____ of _____ to pick up the Letter of Credit from the Arizona Department of Insurance and Financial Institutions.

OR

B. Ordinary U.S. mail delivery directed to:

Recipient Name and Title: _____

Company or Firm Name: _____

Street Address: _____

City, State, Zip: _____

OR

C. FEDEX **Send Shipping Label** including Account Number _____

BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY: (authorizing resolution may be required)

Name: _____

Title: _____

Signature: _____

Date: _____

CONTACT PERSON: _____

Title: _____

Telephone _____

Email _____