



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-3999

Web: <https://insurance.az.gov/>

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 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.

OR

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

Recipient Name and Title: _____

Company or Firm Name: _____

Street Address: _____

City, State, Zip: _____

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

Name: _____ Title: _____

Signature: _____ Date: _____

CONTACT PERSON: _____ Title: _____

Telephone _____ Email _____

DELIVER THIS FORM TO THE ADDRESS SHOWN ABOVE