



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS

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**REQUEST FOR RELEASE OF LETTER OF CREDIT**

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**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: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_