



1465 Corydon Ave.. Winnipeg, MB R3N OJ4/Tel: (204) 488-4547 Fax: (204) 488-8030

Privacy Disclosure Letter Of Authorization

Name/s:	
Address:	
Policy Number:	
Effective Date:	

I have provided personal information in this document and otherwise and I may in future provide further personal information. This information may include, but is not limited to my credit information and claim history. I authorize my broker or insurance company to collect, use, and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for the insurance and underwriting my policy, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Name One, Date of Birth: _____

Name Two, Date of Birth: _____

Claims or losses in the last 5 years: _____

Has Applicant had previous cancellations: _____

Has risk been previously declined: _____

Previous Insurance Company: _____

Previous Policy Number: _____

Named Insured One Signature

Named Insured Two Signature