

CONSENT STATEMENT

I/We have provided personal information in this document and otherwise and I/We may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I/We 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 purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

Policy Number

Name of Applicant (Please Print)

Signature of Applicant

Date (dd/mm/yy)

Name of Applicant (Please Print)

Signature of Applicant

Date (dd/mm/yy)