



BROKERS TRUST

INSURANCE GROUP INC.

www.brokerstrust.ca

PERSONAL INFORMATION PROPERTY/CASUALTY CONSENT

As part of my application for insurance, I hereby consent to the brokerage firm named below (the "Broker") collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/casualty and/or automobile insurance coverage.

The Broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws.

If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other enquiries or express concerns, I understand that I may do so by contacting the Broker's Privacy Officer.

I agree that all personal information that I provide to the Broker will be complete and accurate.

Full Name: _____
(Please Print)

Signature: _____

Date: _____

Name of Brokerage: Brokers Trust Insurance Group Inc.
2780 Highway 7, Suite 103
Concord, Ontario L4K 3R9
(905) 760-1515

Brokerage's Privacy Officer: David Berger

The information contained in this transmission is confidential and is intended only for the use of the individual or entity to whom it is addressed. If you have received this transmission in error, please notify us immediately and return the original transmission to us. If this transmission is not properly received, please call our fax operator at (905) 760-1515. Thank you.

