



Wawanesa
Insurance

PERSONAL LINES PROPERTY PRIVACY DISCLOSURE AND CONSENT

Named Insured: _____

Policy Number: _____

Request to Add Additional Insured: _____

Insurance History

Company Name: _____ Policy Number: _____

Expiry Date: _____

Claims/Losses in last 5 years: Yes No

If Yes, please provide details: _____

I have provided personal information together with this document and otherwise and I 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 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. I confirm that all individuals whose personal information is so provided have authorized that I agree to the above on their behalf.

Applicant's Signature: _____

Broker's Signature: _____

Date: _____

dd - mm - yyyy