

**PERSONAL INFORMATION CONSENT**

As part of my application for insurance, I hereby consent to the brokerage firm named below (the "Broker) collecting, using and disclosing my personal information, including my insurance and claims history, for purposes of obtaining quotes for me for new or renewal personal lines insurance, property/casualty and/or automobile insurance, as applicable, and to provide such personal information to third parties for this purpose, including to disclose this information to insurance companies and third party insurance rating service providers for the purposes or their assessing risk, determining my eligibility for insurance coverage and setting premiums ("Underwriting Purposes"). I understand that information will be collected directly from me and from third parties such as credit bureaus, the Ministry of Transportation, other insurers and insurance rating service providers. I understand that, for automobile insurance Underwriting Purposes, some insurers may require up to 25 (or insert # of years consented to by client \_\_\_\_\_) years of personal information such as driving record and claims history about me and all other permitted drivers and agree to provide the requested information. I represent and warrant that I have obtained consent from the other permitted drivers to also grant this permission in relation to their personal information. I understand that the Broker may be required or permitted to disclose my personal information without my consent pursuant to relevant privacy laws or other laws. The Broker will otherwise handle my personal information in accordance with its privacy policy, which is available on request. 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 understand that I may withdraw my consent at any time on reasonable notice and that if I do so, the Broker may not be able to provide me with the requested quote(s).

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

Full Name: \_\_\_\_\_ (Please Print)

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

Full Name: \_\_\_\_\_ (Please Print)

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

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

Name/Address of Brokerage: **Main Mudie Gowan Insurance Brokers**

Brokerage's Privacy Officer: