



Privacy Consent Form



Our sponsored and authorized agents and their employees may collect, use, and disclose your personal information to assist in the servicing of new applications or in force policies or certificates and to maintain records of your previously issued applications and policies.

As part of our insurance services, your personal information will be used only to underwrite your policies, process your claims, ensure proper billing, service your accounts, and offer you other products and services that we believe may suit your needs. It will be conveyed only to the applicable department of Broker Advantage Inc. and its authorized agency or servicing bureau and/or wholly owned subsidiary for servicing.

Your personal information will not be disclosed between our servicing departments, or to our agencies and bureaus or to other companies, without duly signed confidentiality agreements in force between these organizations.

Your personal information will be safeguarded and used only for the purpose referred to above. By signing below, you consent to the collection, use and disclosure of your personal information as described above.

You can withdraw your consent in writing at any time after you have given it to us, so long as you give us thirty (30) days notice, but your doing so means that we can no longer provide you with products and services.

You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to our Privacy Officer, at 128 Richmond St., Amherstburg, Ontario N9V 1G4 or call 1-877-294-1810

We will be please to provide further information about your privacy rights. Questions and requests may be directed through your insurance producer, or to our Privacy Officer at Broker Advantage Inc.

Dated this _____ of _____, _____ by _____
(Day) (Month) (Year) (Print Name of Employee)

Signed _____
(Signature of Employee/Insured Authorizing Privacy Consent)

Dated this _____ of _____, _____ by _____
(Day) (Month) (Year) (Print Name of Employer)

Signed _____
(Signature of Policyholder/Employer Authorizing Privacy Consent)

Witnessed this _____ of _____, _____ by _____
(Day) (Month) (Year) (Print Name of Witness)

Signed _____
(Signature Witness of Applicant)



Client Signature Required



CERTIFICATION: The attached statements are true and complete to the best of my knowledge and belief. In the event of a false or misleading statement my application can be denied, or coverage cancelled.

PERSONAL INFORMATION COLLECTION USE, AND EXCHANGE: The information I have provided in respect of this application for insurance will be forwarded to Sports-Can Insurance Managers Ltd., Special Risk International, who along with its authorized administrators, reinsurers, agents and adjusters (the “insurer”) to assess my application for insurance, to evaluate and investigate claims, and to detect and prevent fraud. The insurer shall also consult its existing files for these purposes.

AUTHORIZATION: Personal information about me, my insurance premium payment and claims history may be sought by, and exchanged by the Insurer with other insurance companies, reinsurers, and industry organizations in connection with this application for insurance and any renewal, extension, variation or cancellation of any policy, if issued.

I consent to the collection, use and disclosure of my personal information as set out above.

Signature of Employee/Insured

Signature of Employer/Policy Holder

Date

Date