Your Best Insurance
Is An Insurance Broker

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 disclosure 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: _____

Brokerage's Privacy Officer: _____

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PERSONAL INFORMATION PROPERTY/CASUALTY AND OTHER 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 (insert additional lines if needed) insurance coverage.

The Broker is authorized to use this information to procure terms for _____

_____.

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 disclosure 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: _____

Brokerage's Privacy Officer: _____

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PERSONAL INFORMATION DETAILED CONSENT

By this consent, I, _____ ("the Client") hereby confirm that I wish to acquire or renew a policy or policies of insurance. I acknowledge that _____ *brokerage* ("the Broker") will be assisting me in relation to insurance products.

I acknowledge that I have read the information set out on this form, and I hereby consent to the Broker's collection, use and disclosure of my personal information in the manner and for the purposes set out below. I have placed an "X" in the box beside any item below for which I do not consent to the collection, use or disclosure of my personal information.

1. PERSONAL INFORMATION

In order to acquire or renew an insurance product for a client, a broker needs to collect personal information about the client. *The Broker will only collect, use and disclose such personal information in such a manner that a reasonable person would consider appropriate in the circumstances*.

2. COLLECTION

Depending on the type of insurance policy to be issued, the Broker may collect the following information:

- ❑ basic information such as name, address, telephone and fax numbers, e-mail address, birthdate and marital status
- ❑ claims history and credit and past payment records
- ❑ financial information
- ❑ medical information
- ❑ driver's record
- ❑ employment information

3. PURPOSES

Information collected under section 2 ("Collection") may be used for the following purposes:

- ❑ to enable the Broker to acquire or renew an insurance policy
- ❑ to assist the Client and assess his/her ongoing needs for insurance
- ❑ to assess the Client's need for and to offer other products, such as financial products
- ❑ to ensure that Client information is accurate and up-to-date
- ❑ to protect the Broker and/or insurer against inaccuracy

4. DISCLOSURE

The Broker may disclose Client personal information to the following third parties:

- ❑ insurance companies
- ❑ other brokers
- ❑ credit organizations
- ❑ professionals working on behalf of the broker or insurer such as adjusters and lawyers
- ❑ financial institutions
- ❑ medical professionals
- ❑ employer of the insured (commercial policies only)

5. THIRD PARTY INFORMATION

The Broker may obtain Client personal information from the following third parties:

- ❑ insurance companies
- ❑ other brokers
- ❑ credit organizations
- ❑ motor vehicle and driver licensing authorities
- ❑ financial institutions
- ❑ medical professionals

6. WITHDRAWAL OF CONSENT

The Client may refuse to consent to the collection, use or disclosure of personal information. The Client may also withdraw a previously given consent at any time. *However*, depending on the type of insurance policy to be issued, a refusal to provide consent or a future withdrawal of consent may result in the Broker's inability to acquire/renew insurance and/or in the cancellation of a policy.

7. ACCURACY

The Client must provide the Broker with accurate and up-to-date personal information. The Client's failure to do so will inhibit or prevent the Broker from properly advising or representing the Client. The Client must immediately inform the Broker of any new or changed information.

8. PRIVACY OFFICER

The Broker is committed to applying relevant laws and principles regarding privacy and confidentiality of personal information. For more information on the Broker's privacy policy and procedures, please contact the Broker's "Privacy Officer".

Client: _____ Witness: _____
(Signature) (Signature)

Dated: _____ Print Name: _____

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INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION REQUEST/COMPLAINT FORM

Client Name: _____

Address: _____

_____

_____

_____

Telephone Number: (h) _____ (o) _____

Fax (if any): _____

Email address (if any): _____

Insurer (if known):_____ **Policy #** (if known):_____

I wish to file a request ? or complaint ? (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Client Date

FOR OFFICE USE ONLY:

Date received: _____ By (print name): _____

Date acknowledged: _____ By (print name): _____

Date of response: _____ By (print name): _____

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INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION
ORAL CONSENT ACKNOWLEDGEMENT FORM

This form is for internal office use only and is to be completed upon receiving instructions from clients in regard to their personal information held or processed by this insurance brokerage.

Date	**File Number**
Client Name	**Policy Number**
Insurer	**Type of Insurance (e.g., home, auto etc.)**
Staff member receiving client instructions	**Staff member's signature or initials**

A. The above-named client has instructed that (s)he consents to our collection, use or disclosure of his/her personal information for the following specified purposes:

1. to enable us to acquire or renew an insurance product for him/her;
2. to enable us to assess his/her ongoing needs for insurance products;
3. to assess his/her need for other products, such as financial products;
4. to ensure that his/her personal information is accurate and up-to-date; and
5. to protect each of us and the insurer against error or fraud.

____ Yes ____ No (if no, complete section B below)

B. The above-named client has instructed that (s)he does **not** consent to the following collection, use
or disclosure of their personal information:

Collection **- Personal information that may not be COLLECTED*:***

Use **- Personal information may not be USED for the following purposes:**

Disclosure **- Personal information may not be DISCLOSED to the following parties:**

Client's special instructions re: personal information (if any):

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INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION
COMMERCIAL CLIENT AGREEMENT

BETWEEN:

_____ Insurance Brokerage
(the "**Broker** ")

AND

_____
(the "**Client**")

The parties acknowledge that the Broker is being retained by the Client to acquire or renew a policy or policies of insurance for the Client, under which certain individuals, including the Client's employees, servants, agents and representatives may be insured (hereinafter called "insured individuals"). Accordingly, each of the parties may need to collect, use and disclose the personal information of such insured individuals.

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, each of the parties hereto agrees to collect, use and disclose the personal information of such insured individuals in a manner that a reasonable person would consider appropriate in the circumstances. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.

FOR THE SAID CONSIDERATION, the Client further covenants and warrants that the Client has obtained the appropriate consent from such insured individuals to disclose their personal information to the Broker.

Dated at _____ in the Province of _____
this _____ day of _____, 20___.

_____ per: _____
Witness **Broker**

Print Name:_____
Authorized signing officer

_____ per: _____
Witness **Client**

Print Name:_____
Authorized signing officer

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INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION MODEL ADDENDUM

The parties acknowledge that each of them will be required to transfer to each other, process and otherwise deal with the personal information of individuals who may obtain insurance through the Broker. Each of the parties agrees to collect, use and disclose such personal information in a manner that a reasonable person would consider appropriate in the circumstances. The parties further agree to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.