



PERSONAL INFORMATION – CLIENT CONSENT FORM

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes Dumfries Mutual Insurance Company to collect, use and disclose information as permitted by law for the purposes necessary to underwrite insurance coverage(s).

The Client hereby expressly consents to the Company where there are individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to the Company for these purposes accordingly.

Dated at _____, Ontario this _____ day of _____ 20____
(Location)

Signature of Client _____

ALL Driver(s) Full Name & License Number (Please Print)

Current Insurance Company & Policy Number

Vehicle(s) – Make, Model, Year and VIN Number

To make inquiries or to express concerns the Client may do so by contacting the Company's Privacy Officer.
