BROKER RECORD OF APPOINTMENT

_____ – _____ – _____

INSURANCE COMPANY **TYPE OF POLICY** **POLICY NUMBER**

TO WHOM IT MAY CONCERN:

I/We _____ of _____ hereby appoint VB Insurance Brokers Ltd, as our Broker of Record effective the _____day of _____, 20_____

This authorization of appointment supersedes all other appointments given or inferred and shall remain in effect until cancelled in writing by either party named herein.

VB INSURANCE BROKERS LTD is hereby authorized to obtain any and all information, including loss information and copies of policies, as may be deemed necessary by VB INSURANCE BROKERS LTD, to act in their capacity as Broker.

It is expressed, understood and agreed that VB INSURANCE BROKERS LTD assumes no responsibility for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide their recommendation. It is also expressly understood and agreed that the Broker of Record assumes no liability for any outstanding premiums of commissions.

I am providing personal information of the listed applicants to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, to assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) **To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.**

I declare that all individuals whose personal information is contained in this document have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

_____

Name of Insured(s) or person authorized to sign on the Insured's behalf

_____

Title

_____

Signature

_____

Date

BY SIGNING THIS LETTER YOU ARE CHANGING YOUR INSURANCE BROKER