VB INSURANCE BROKERS LTD BOX 278 ST PAUL, AB T0A 3A0

I am providing my express consent to my broker, VB Insurance Brokers Ltd, for the purposes of receiving paperless policy and billing documents and communications relating to ALL policies via email ("eDelivery").

I may withdraw my consent to eDelivery at any time by contacting my broker.

However, by withdrawing my consent, I understand that I will no longer receive documents and communications relating to this policy via email.

I acknowledge that my broker has shared and reviewed this delivery method with me, and obtained my express consent in writing, and/or verbally, to my enrollment in eDelivery.

I acknowledge that changes to my email address must be advised to broker.

I further acknowledge that should I require a paper copy of a policy or billing documents, I can request such from my broker.

If I have questions or require a copy of the Personal Information Protection Policy, I can contact my broker or email directly at privacy@vbins.ab.ca

EMAIL ADDRESS:

X

INSURED NAME

X verbal consent

INSUREDS SIGNATURE

X

DATE AND TIME

X

BROKER SIGNATURE