

HOLMAN

INSURANCE BROKERS LTD.

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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: **HOLMAN Insurance Brokers Ltd.**

Brokerage's Privacy Officer: **Mark A. Holman**