

Personal Information Client Consent Form
Commercial Account Authorization

Between: CCV Insurance & Financial Services Inc. (CCV)

And: _____

(PRINT COMPANY NAME)

And: _____ (I, the undersigned)

(PRINT NAME)

I hereby confirm that I have retained CCV to acquire or renew a policy or policies of insurance. As part of the quotation process and the application for new or renewal insurance coverage, I understand CCV requires my consent for the collection, use and disclosure of certain personal information.

Where required, I agree that CCV may provide consulting and/or risk management services.

I authorize CCV to collect, use and disclose any of this personal information for the purposes of communication with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud and analyzing business results. Where the insured is a corporation or partnership, I confirm that I am authorized to act on behalf of the corporation and have obtained the appropriate consent from all of the insured individuals, officers or partners.

I have read and understand this document.

Signed: _____

Date: _____

Restriction or withdrawal of consent:

You may restrict or withdraw your consent at any time, with reasonable notice, subject to legal or contractual obligations which must be fulfilled by CCV. If you wish to **withdraw your consent**, please contact CCV's privacy officer. Withdrawal of consent may prevent CCV from providing you with the requested insurance products or services, including processing an application for insurance and processing a claim.

Privacy Officer
CCV Insurance & Financial Services Inc.