

**FAIR INSURANCE BROKERS LIMITED CONSENT WITHDRAWAL
FORM**

Name: _____

Date: _____

1. Insurance Company: _____ Policy Number: _____

2. Insurance Company: _____ Policy Number: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____

E-Mail: _____

Please accept this as notification that I _____ (client's name) withdraw my consent for Fair Insurance Brokers Limited to collect, use and disclose my personal information. I understand that by withdrawing my consent that the above mentioned insurance policy(s) may be cancelled. If there are other named insureds on any policy, the withdrawal of my consent may also cause their policy(s) to be cancelled. I hereby authorize Fair Insurance Brokers Limited to notify all other named insureds of my withdrawal herein.

Signature: _____

FOR BROKERAGE USE ONLY

Date Received:

Received By:

Date of Response:

Response By: