

**FAIR INSURANCE BROKERS LIMITED DISCLOSURE CONSENT  
FORM**

Name: \_\_\_\_\_

1. Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please accept this as confirmation that I \_\_\_\_\_ (client's name) give my consent to Fair Insurance Brokers Limited to obtain my personal information and to:

- Disclose my Personal Information to the person(s) listed below.
- Accept changes to my policy for the person (s) listed below.

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT THE SIGNATURE OF EACH PERSON NAMED ON THE POLICY (S) IS REQUIRED.**

**For additional information on our brokerage's privacy policies and procedures, please ask your customer service representative and review our web site at [www.fairinsurance.com](http://www.fairinsurance.com)**

**FOR BROKERAGE USE ONLY**

Date Received:

Received By:

Date of Response:

Response By: