

Personal Information Client Consent Form

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

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. Some of this information may include, but is not limited to, my credit information and claims history.

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. I confirm that all individuals listed below have authorized that I agree to the above on their behalf.

PRINT NAME

PRINT NAME

PRINT NAME

PRINT NAME

Do you consent to receive electronic information at _____ from CCV
Insurance & Financial Services Inc.?

EMAIL ADDRESS

- YES - I would like to receive electronic communication from CCV
- NO - I prefer not to receive any electronic communications from CCV

I have read and understand this document.

Signed: _____

Date: _____

Restriction or withdrawal of consent:

If you wish to restrict this consent in any specific area, please indicate accordingly. You may 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.