



Intact Insurance Company

## **LETTER OF AUTHORIZATION**

TO: Intact Insurance Company

RE: Name of Insured:  
Policy Number(s):  
Renewal Date(s):

I hereby appoint \_\_\_\_\_ as my authorized representative to take effect at the next renewal date(s) of the above captioned policy or policies.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating 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 whose personal information is contained in this document have authorized that I agree to the above on their behalf.

\_\_\_\_\_  
Signature of Insured