

H U N T E R

M c C O R Q U O D A L E

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AUTHORIZATION FOR FINANCIAL INFORMATION (Optional*)

Name of Proposed Insured: _____

Policy # or S.I.N. #: _____

I hereby authorize my accountant, accounting firm, or other organization or person named below to release information regarding my personal income tax return and /or business financial statements to Hunter McCorquodale.

I understand that the purpose of this authorization is to allow determination of eligibility for the insurance applied for. Any information obtained by Hunter McCorquodale. will not be disclosed to any other party EXCEPT Underwriters at Lloyd's or other persons or organizations performing business or legal services in connection with my application OR as may be otherwise lawfully required or as I may further authorize.

I agree that a photocopy of this authorization shall be as valid as the original.

Name and address of accountant or organization having personal and/or business financial records:

Name: _____

Organization/Firm: _____

Address: _____

Telephone No.: (_____) _____

Fax number: (_____) _____

Signature of Proposed Insured _____ Date: _____

*The use of this Authorization is an alternative in providing the appropriate financial documentation required by the insurance underwriters. The required information may be provided directly and the signing of this document is at the option of the proposed insured.