

**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\*)**

**Date:** \_\_\_\_\_

**Name of Proposed Insured:** \_\_\_\_\_

**Policy # or S.I.N. #:** \_\_\_\_\_

**I hereby authorize my accountant, accounting firm or other organization or person to release information regarding my personal income tax return and/or business financial statements to Hunter McCorquodale on behalf of Old Republic Insurance Company. A photocopy of this authorization shall be as valid as the original.**

**This information will remain confidential and will only be used to underwrite my insurance application.**

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

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

*Organization/Firm:* \_\_\_\_\_

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

*Telephone No.:* ( \_\_\_\_\_ ) \_\_\_\_\_

*Fax number:* ( \_\_\_\_\_ ) \_\_\_\_\_

Signature of Proposed Insured .....

\*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.