

Insurance Brokers

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CONSENT TO ACCESS AND USE OF PRIVATE INFORMATION

I, the undersigned						
Full names						_
ID number:						
do hereby consent to the use of representative(s) of Key West I that the Broker holds agency ag	Brokers, FSP 160:	51 and their au	thorized users	such as ins	surers and/or und	lerwriters
The Broker undertake only to use for; which mainly include a conswith the prospect to obtain constant some of the insurers might Credit Bureau and possibly end	mprehensive analy apetitive insurance to, as part of the	ysis of the finance quotations to ir risk evaluation	ncial need(s) of insure the risk on, verification	or risks that (s(s) or need (n of your cr	you hope to insids identified. Kind information	ure and ndly note
Once a specific product is select Insurer/Underwriter to do all no any possible claims that might	ecessary functions	s to appropriate		•		o settle
Be assured however that your p without first obtaining your spe uttermost care to ensure that yo	ecific consent ther	eto, or when co				
This consent will remain effect	tive until cancelled	d in writing.				
Dated atPlace/Town	on this	day of	Month	20	Year	
PROPOSER/INSURED						