



**Personal Information Property/Casualty & Automobile Client Agreement**

Your knowledge and consent are required before we may collect, use or disclose your personal information, except in situations permitted by law, such as during a fraud investigation, or an investigation by the policy.

As part of my application for insurance, I hereby consent to ISL Insurance collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/casualty and/or automobile coverage.

ISL may also be required or permitted to disclose personal information pursuant to relevant privacy laws or other laws. At all times this information will be protected and access limited according to their privacy policy and those of the third parties.

ISL is authorized to collect, use and disclose personal information and provide such personal information to third parties such as; insurance companies, motor vehicle authority and financial institutions.

If I wish to review personal information pertaining to my application or policy maintained by the Brokerage I can contact the Brokerage's Privacy Officer as shown below.

I agree that all personal information that I provide will be complete and accurate.

Full Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

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

**Privacy Officer: Todd Sargent, President**  
(705)742-3861 todd.sargent@islinsurance.ca

**Purpose, Use and Disclosure of Credit Information**

ISL Insurance Brokers is required to inform you that some of the Insurance Companies we represent may collect and use personal information such as your driving record, claims history and credit information as an indicator to assist in deciding when it should further review an application to determine your eligibility for discounts. Its use will be limited to these purposes only and at no time will it be used to deny coverage. Credit information will not be shared with ISL Insurance Brokers Ltd. or any third party and is governed by "said" Insurance Companies privacy policy.

I, the Applicant, and the Insured authorize the use and disclosure of my personal information, subject to the law and the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing this application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law.

Applicant(s) Signature: \_\_\_\_\_

Dated: \_\_\_\_\_