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# DISCLOSURE CONSENT FORM

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

1. Insurance Company : \_\_\_\_\_

Policy Number : \_\_\_\_\_

2. Insurance Company : \_\_\_\_\_

Policy Number : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Business Phone : \_\_\_\_\_

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

Fax : \_\_\_\_\_

E - Mail : \_\_\_\_\_

Please accept this as confirmation that I \_\_\_\_\_ ( client's name ) give my consent to Buckley Insurance Brokers Ltd. to obtain my personal information and to :

- Disclose my Personal Information to the person(s) listed below .
- Accept changes to my policy for the person (s) listed below .

1. \_\_\_\_\_

2. \_\_\_\_\_

Clicking below has the same legal effect as your handwritten signature:

- I agree
- I do not agree

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

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

PLEASE NOTE THAT THE SIGNATURE OF EACH PERSON NAMED ON THE POLICY (S) IS REQUIRED.  
For additional information on our brokerages privacy policies and procedures , please ask your customer service representative and review our web site at <http://www.buckleyins.com>

## FOR BROKERAGE USE ONLY

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

Received By : \_\_\_\_\_

Date Of Response : \_\_\_\_\_

Response By : \_\_\_\_\_