



Disclosure Consent Form

First Name

Last Name

Address

City

Postal Code

Phone Number

Email

Policy Number

Insurance Company

Policy Number

Insurance Company

I, _____ 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 insurance policy from the person(s) listed below.

Name: _____ Relationship to Insured: _____

Name: _____ Relationship to Insured: _____

PLEASE NOTE THAT THE SIGNATURE OF EACH PERSON NAMED ON THE POLICY IS REQUIRED.

Signature

Date

Signature

Date

For additional information on Buckley Insurance Brokers Ltd. privacy policies, visit <http://www.buckleyins.com/policies>