

LETTER OF AUTHORIZATION

Date:

To:

Re: Policy Number(s):

Name of Insured:

I hereby appoint WWD McGlennon Insurance Broker Limited as my authorized representative to take effect at the next renewal date(s) of the above captioned policy or policies.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker to collect, use and disclose any of this personal information, subject to the law and to my broker's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies and coverage.

This will authorize you to provide WWD McGlennon Insurance Broker Limited with any information they may request for their examination of my insurance requirements regarding the above noted policies. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Insured