



180 Bullock Dr., Suite 201
Markham, ON L3P 1W2
Toronto: 416-324-2811
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Letter of Authorization

Date:

Name of Insured:

Address of Insured:

Insuring Company & Policy Number:

Effective Date of Assignment:

I hereby appoint **Ensuro Insurance Group** as my authorized representative to take effect at the next renewal date(s) of the above captioned policy or policies.

Ensuro Insurance Group is hereby authorized to negotiate pricing, implement revisions and termination of insurance coverage(s) on our behalf. We understand, however, that they will not share responsibility for any deficiencies in the insurance program to which this letter applies, until they have had a reasonable opportunity to make a review and to provide us with their recommendations.

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 or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This letter further constitutes your authority to furnish **Ensuro Insurance Group** with copies of our policies, rating schedules, underwriting information, financial data and claims history, including reserve information.

Signature of Insured

Print Name

Date

Ensuro Insurance

Print Name

Date