

LETTER OF AUTHORIZATION

DATE: _____

TO: _____

RE: POLICY NUMBER(S)- _____

NAMED INSURED & ADDRESS:

I hereby appoint Armour Insurance Brokers Ltd. as my Authorized representative to take effect on the above mentioned policy or policies at the next renewal date(s) which is:

I have provided personal information in this document and otherwise and I may in future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claim 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 purpose of communicating with me, assessing my application for the insurance and underwriting my policy, 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.

(Insured Signature)

(Date)