

Consent for the Collection, Use and Disclosure of Personal Information

Re: Claim #: _____

Policy #: _____

Date of Loss: _____

Name of Person Providing Consent: _____

Date of Birth: _____ I.D.: _____

In order to facilitate the administration of the above policy, and particularly the claims process, I authorize **Townsend & Leedham Adjusters Ltd.** and its authorized representatives to collect, use and disclose personal information as permitted by law and for the purposes necessary to investigate and settle claims, detect and prevent fraud, validate information provided, and exchange information with other property and casualty insurance companies, adjusters, assessors, valuers and other insurance related service or information providers, as directed by prudent insurance industry practices.

Dated at: _____ this _____ day of _____, 20_____

Signed: _____ Witness: _____