

Sender

Dealer Name : _____

Contact Name : _____

Fax Number : _____

Phone Number : _____

Customer Name : _____

Certificate # : _____

Delivery Date : _____

Claim # : _____

Loss Type : _____

Loss Date : _____

Insurance Company : _____

Policy # : _____
(DATE)

INFORMATION DISCLOSURE

I hereby authorize Industrielle Alliance, as administrator of the replacement insurance program of Industrielle Alliance Auto and Home Insurance inc., to obtain all the information relating to my claim above referred to, as well to gain access to the service of the subscription of my insurance company or my broker.

As well, I consent , that a copy of this disclosure form be used as an original

Date : _____

Agreement Holder Signature : _____