



P.O. Box 477
 127 Kaiser William Ave.
 Langenburg, SK. S0A 2A0
 Phone: 306-743-5363
 Fax: 306-743-5525

CONSENT & DISCLOSURE

The Applicant(s) has reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

In regards to the insurance contract from Germania Mutual Insurance Co. Policy # _____:

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 claim history. I authorize my insurance company to collect, use and disclose any of this personal information, subject to the law and to my insurance company's policy regarding personal information, for the purpose of communication 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.

First Time Insured? YES or NO

5 Year Claims History

Date (DD/MM/YYYY)	Cause of Loss	Amount Paid Out

Where (a) an Applicant(s) for this contract gives false particulars to the prejudice of the Insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insurer makes a false statement in respect of a claim, a claim will become invalid and the insured's rights to recover is forfeited.

Declaration:

Has any company cancelled, refused to give or renew any type of insurance or applied special conditions or restrictions of coverage on any property or liability in which you have/had an interest? YES or NO

If Yes, provide explanation: _____

Name of Applicant: _____

Date of Birth: _____

Signature: _____

Date: _____

