

PERSONAL INFORMATION PROPERTY/CASUALTY CONSENT

As part of my application for insurance, I hereby expressly consent to Megson FitzPatrick Insurance collecting, using and disclosing personal information required for the purposes of considering my application for property/casualty and/or automobile insurance coverage.

Megson FitzPatrick Insurance is authorized to collect, use and disclose personal information, and, provide such personal information to third parties, as required and including insurance companies. Megson FitzPatrick Insurance may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws.

If I wish to review personal information pertaining to my application or policy as maintained by Megson FitzPatrick Insurance, or obtain copies of the Megson FitzPatrick Insurance written privacy policy, or ask questions, or express concerns, I understand that I may do so by contacting the Megson FitzPatrick Insurance Privacy Officer.

I AGREE THAT ALL PERSONAL INFORMATION I PROVIDE TO MEGSON FITZPATRICK INSURANCE WILL BE COMPLETE AND ACCURATE.

Full Name: _____
(Please print)

Signature: _____

Date: _____