The Dominion of Canada General Insurance Company – *the Insurer*
165 University Avenue, Toronto, ON M5H 3B9
P. 416.362.7231 | 1.800.268.8447
F. 416.362.9918
travelerscanada.ca

Date (DD/MM/YYYY):

Policyholder Information

Insured's Name:
Mailing Address:
City and Province:
Postal Code:

Travelers Canada Broker:
Policy Number:
Policy Expiry Date (DD/MM/YYYY):

Credit Consent Information

If different than above, please complete below:

Legal Name:
Date of Birth (DD/MM/YYYY):

Mailing Address:
City and Province:
Postal Code:

If you have moved in the past 3 years, please complete below:

Prior Mailing Address:

City and Province:
Postal Code:

At Travelers Canada, we understand that no two people are alike. That's why our Alberta automobile insurance product recognizes individual differences.

Our product already considers many different factors related to you, your vehicle and where you live. Credit is another important variable used to select payment plans, underwrite risks and determine pricing specific to your individual circumstances and credit history.

If you elect to authorize the use of your credit report and want to make authorization easy, we have a few options available:

- complete this consent form and mail it to 1275 North Service Road West, Oakville, ON, L6M 3M3; or
- scan or take a legible photograph of the completed form and email it to **iconsent@travelers.com**; or
- send us an email with the following details to **iconsent@travelers.com:**
  - your legal first and last name;
  - date of birth;
  - your mailing address, including city/town, province and postal code; and
  - your Travelers Canada policy number

  Please use the following text in your email:
  "I am **[Legal First and Last Name]**. My mailing address is **[Address, City/Town, Province, Postal Code]** and my Travelers Canada policy number is **«SYM» «POLNUM»**. My birthdate is **«Month/Day/Year»** I have read the "notice and consent to obtain a credit report" contained in the Travelers Canada letter to me dated **«PRINT DATE»** and consent to the collection, use and disclosure of personal information (including credit-based insurance scores) described in the notice and consent."

We will not sell your personal information to any organization, including charities or direct marketing groups. If you have any questions, please contact your insurance broker at or visit travelerscanada.ca. We appreciate your business and look forward to continuing to serve your insurance needs.

If you have any questions about the Travelers Canada privacy policy and how Travelers Canada collects, uses or discloses personal information, please go to travelerscanada.ca or contact the Travelers Canada Privacy Officer at: privacy_officer@travelers.com or 1.800.330.5033.

Notice and consent to obtain a credit report for Alberta Automobile.

I consent to Travelers Canada collecting, using and disclosing: (a) the personal information contained in a credit report about me (that may contain information about my credit standing, credit worthiness, credit capacity, and my credit based insurance score) for the purposes of setting the premium of my Travelers Canada automobile insurance, assessing, managing and underwriting automobile insurance risks, determining eligibility and conditions for an automobile insurance premium payment plan, investigating and settling automobile insurance claims, detecting and preventing automobile insurance fraud and to analyze automobile insurance business results and (b) my name and address, date of birth and telephone number to a credit reporting agency for the purpose of collecting my credit report.

This consent also includes use and disclosure by and to Travelers Canada affiliates, credit reporting agencies, regulatory bodies, and third parties as required by Travelers Canada. It also extends to subsequent reports in connection with my policy, renewal policies and policy services such as adding or deleting coverage at my request.

I can revoke my consent at any time by providing written notice to Travelers Canada. My consent is also subject to the terms of the Travelers Canada privacy policy at: travelerscanada.ca. I am authorized to sign on behalf of all named insureds on my policy.

Named insured signature(s) | Date (DD/MM/YYYY)