Sogedent Assurances inc.

Financial Services Firm

A subsidiary of the Association des **chirurgiens dentistes** du Québec

CONSENT
given in accordance with
The Act Respecting the Protection of Personal Information in the Private Sector, Statutes of Quebec, 1993, Chapter 17

Object: Damage Insurance

If it should be necessary for the purpose of my file I specifically consent that my broker, Sogedent Assurances inc., and my insurers, for the time required to fulfil their functions:

1°   gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses

☐   for the purpose of establishing the premium and the assessment of risk; and,
           (and if you would like to consent now)

☐   for the purpose of verification, assessment and the settlement of losses;

2°   disclose, in the case of my broker, the information obtained to insurers which he is doing business with, when it is my insurers, institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, proxies or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and aimed by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or reprensetatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected if applicable.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and / or my insurers, their employees, trainees or representatives.

Date:

_____
       (Client's Signature)