

CREDIT SCORE WITHDRAWAL OF CONSENT

Please read this notice carefully. Each individual withdrawing their consent must provide their own signature below. I hereby withdraw my personal consent previously granted to my Broker or The Mutual Fire Insurance Company of British Columbia, to collect my personal credit information including credit score, in connection with a quotation or application for insurance, any renewal or policy change.

I understand that by withdrawing my consent to the use of my credit information, I may not get the best premium available.

Policyholder #1:

Policy Number: _____

Policyholder NAME (PRINT): _____

Policyholder Date of Birth (MM.DD.YYYY): _____

Policyholder Signature: _____

Signed Date: (MM.DD.YYYY) _____

Policyholder #2:

Policy Number: _____

Policyholder NAME (PRINT): _____

Policyholder Date of Birth (MM.DD.YYYY): _____

Policyholder Signature: _____

Signed Date: (MM.DD.YYYY) _____

Policyholder #3:

Policy Number: _____

Policyholder NAME (PRINT): _____

Policyholder Date of Birth (MM.DD.YYYY): _____

Policyholder Signature: _____

Signed Date: (MM.DD.YYYY) _____

Policyholder #4:

Policy Number: _____

Policyholder NAME (PRINT): _____

Policyholder Date of Birth (MM.DD.YYYY): _____

Policyholder Signature: _____

Signed Date: (MM.DD.YYYY) _____

PLEASE RETURN THIS WITHDRAWAL FORM DIRECTLY TO YOUR BROKER

Broker Name: _____

Broker Signature: _____

Date (MM.DD.YYYY): _____