

BSI Insurance Brokers Ltd.

Box 159, 181 Caron Street St. Jean Baptiste, MB R0G 2B0 - (204) 758-3601

Insurance Financing – Statement of Disclosure

Insured (Customer)

Broker (Agent)

Effective Date _____

Account No _____

Policy No _____

Total Premium including Applicable Taxes _____

Downpayment Due on _____

Admin Fee Due Now _____

Total Due Now _____

Amount Financed _____

Service Fee * _____

Amount Financed + Service Fee _____

10 Pre-Authorized Payments @ _____

Withdrawn from _____

to _____

For value received, I, the Insured, hereby sell, assign and transfer to BSI Insurance Brokers all the rights, title and interest in and to the within Premium Installed Contract and authorize BSI Insurance Brokers to do every act and thing necessary to collect and discharge the same. I certify that said contract arose from the sale by the above noted Broker of the insurance policies described above and which are in force. A copy of the policies have been given to me. I also authorize the amount of the monthly payment to be adjusted once my policy is changed for an additional or return premium.

I authorize and irrevocably appoint BSI Insurance Brokers my agent and attorney in fact, for the purposes of cancelling the policy of insurance described above, in the event that I default in any terms of this contract, including default of any payment as herein described. I further agree to waive and do hereby waive any right to notice of cancellation given by BSI Insurance Brokers to the insurer and waive any claim against BSI Insurance Brokers. for damage, loss or expense arising from a good faith cancellation by BSI Insurance Brokers resulting from the default under the terms herein on my part.

BSI Insurance Brokers collects, uses and discloses personal information about you in order to serve your insurance premium financing needs. In particular, we only collect, use and disclose personal information for the purposes of establishing and maintaining communications with you; offering and providing financing services to meet your needs; facilitating your payment of amounts owing under this contract; protecting us both against error or fraud; ensuring your information is accurate and up-to-date and complying with the law. When you request insurance premium financing from us we consider that you have consented to our collection, use and disclosure of personal information about you for the purposes stated above. Sensitive personal information will not be disclosed without your written consent. You may withdraw your consent with reasonable notice. Withdrawal of your consent may result in our inability to provide you with premium financing services and the cancellation of this contract. Should you have concerns contact us at the numbers listed below.

* _____ \$35 Returned Item Fee _____ \$20 Late Fee

Pre-authorized Payment Customers

My attached signature and void cheque authorize BSI Insurance Brokers Ltd to make the scheduled monthly withdrawals indicated on this contract from _____ Account Number _____ . The withdrawals shall be treated the same as if I had issued postdated cheques. BSI Insurance Brokers Ltd must receive written instruction from me to cancel this authorization.

Automatic Renewal Option Accepted by: _____

Signature of Insured

Date

For more information please call your broker

Accounting: Phone (204) 758-3601 Fax (204) 758-3199

Producer Signature _____