



# AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY



**IMPORTANT:** With this form completed and signed, Combined Insurance Company of America ("Combined Insurance") / Compagnie d'assurance Combined d'Amérique ("Combined Assurances") is authorized to provide the designated third party the requested personal information.

POLICYHOLDER INFORMATION			
First Name	Middle Name	Last Name	Date of Birth (mm-dd-yyyy)
Address			
Policy number(s)			
AUTHORIZED THIRD PARTY INFORMATION			
First Name	Last Name		Relationship
Address			
First Name	Last Name		Relationship
Address			

### Authorization and signature

I authorize Combined Insurance/Combined Assurances to disclose to the authorized third party identified above the following information:

- Policy information including but not limited to policy details, method of payment;
- Underwriting information including but not limited to underwriting decision; and
- Claim information including but not limited to claim decision.

I understand that Combined Insurance/Combined Assurances reserves the right to limit the information that will be shared to the authorized third party.

I authorized the authorized third party identified above to provide Combined Insurance/Combined Assurances information such as address change.

This authorization supersedes any previous authorization sent to Combined Insurance/Combined Assurances.

I may withdraw this authorization at any time by sending a written request to Combined Insurance/Combined Assurances by fax or mail. On receipt and processing of my withdrawal request, no further information will be provided to the authorized third party.

I agree that a copy of this authorization is as valid as the original. This authorization is valid until withdrawn by me in writing.

Signature	Date (mm-dd-yyyy)
Print name (if policyholder is a minor, parent or guardian signature required)	Relationship (if applicable)

**This authorization will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office at the following address:**

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique  
 Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5  
 Telephone / Téléphone : 1 888 234-4466  
 Fax: 1 905 305-8600  
 www.combined.ca

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