



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 Peace Hills General Insurance Company, 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.

Policy Number: _____
Policyholder NAME (PRINT): _____
Policyholder DATE OF BIRTH (YYYY.MM.DD): _____
Policyholder SIGNATURE: _____
Date: (YYYY.MM.DD): _____

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Date: (YYYY.MM.DD): _____

PLEASE RETURN THIS WITHDRAWAL FORM DIRECTLY TO YOUR INSURANCE BROKER.

Broker Name: _____ Broker Signature: _____ Date (YYYY.MM.DD) _____

09/19