**DISCLOSURE NOTICE**

**UNDER THE *FINANCIAL INSTITUTIONS ACT (The “Act”)***

The Act requires that the information outlined below is provided to a client, in writing, prior to them entering into an insurance transaction.

1. Date: {{today}}

2. Insured(s): {{insured\_name}}{%if additional\_insured is number %}{% else %} and {{additional\_insured}}{% endif %}

3. Risk Location: {%if risk\_address is number %}{{mailing\_address}}{% else %}{{risk\_address}}{% endif %}

4. The Broker: {%if broker\_name is number %}Shaobo Chen{% else %}{{broker\_name}}{% endif %}

Licensed by the Insurance Council of British Columbia as a:

Level 2 General Insurance Agent

The Insurer: {{insurer}} Insurance

InsureLine Brokers Inc. (“InsureLine”), licensed by the Insurance Council of British Columbia as a General Agent Corporate/Partnership

5. This transaction is between you, the Insured(s), and the Insurer. In soliciting the transaction above, the Broker is representing InsureLine, and InsureLine represents the Insurer.

The nature and extent of Broker’s and InsureLine`s interest in the Insurer is none. Likewise; the nature and the extent of the interest of the Insurer in the Broker or InsureLine is none.

Upon completion of this transaction, InsureLine will be remunerated by way of commission by the Insurer. The Broker is a salaried employee of InsureLine, and will not receive a direct commission from the Insurer as a result of the proposed transaction.

The Act prohibits the Insurer, InsureLine, and Broker from requiring you to transact additional or other business with the Insurer, or any other person or corporation as a condition of this transaction.

6. Acknowledgement by the Broker: I declare that I have acted in good faith on behalf of my client; and, that to the best of my knowledge, all parties to this transaction are aware of the procedures, which have been followed in the placement of this insurance.

7. Acknowledgement and Consent by the Insured(s): I hereby grant consent for InsureLine to disclose confirmation of insurance coverage, with regard to any insurance policy that they have placed on my behalf, to my mortgage broker and brokerage, mortgage provider(s), and lender(s) (If applicable).

I declare that I have read and understood the information outlined above; and that, all the individuals whose personal information has been shared in this transaction, have authorized me to agree to the above on their behalf.

SIGNED:

|  |  |  |
| --- | --- | --- |
| Client Signature |  | Date |
| Broker Signature |  | Date |

{%if insurer == “Family” %}{% else %}

Letter of Brokerage

Date: {{today }}

To: The Underwriting Department for {{insurer}} Insurance

Subject: {%if policy\_number is none %}**Enter Policy Number**{% else %}{{policy\_number}}{% endif %} {{mailing\_address}} {{insured\_name}}{%if additional\_insured is number %}{% else %} and {{additional\_insured}}{% endif %}

Please be advised that I/we {{insured\_name}}{%if additional\_insured is number %}{% else %} and {{additional\_insured}}{% endif %} the “Insured(s)”) do hereby appoint **InsureLine Brokers,** of 8091 Granville st. Vancouver BC V6P 4Z5, as my/our Broker of Record {{effective\_date}}. The agency’s broker code for your company is {%if insurer == “Family” %}16721{% elif insurer == “Gore Mutual” %}9803{% elif insurer == “Intact” %}50714{% elif insurer == “Wawanesa” %}0111182{% elif insurer == “Special Risk” %}4835{% elif insurer == “Premier Marine” %}AGT9644{% elif insurer == “Optimum West” %}3483{% else %}**ENTER BROKER CODE HERE**{% endif %}.

This authorization of appointment supersedes all other appointments given or inferred, and shall remain in effect until cancelled in writing by either party named herein.

InsureLine is hereby authorized to obtain any and all information, including copies of policies, as may be deemed necessary to act in their capacity as my broker.

It is understood and agreed that InsureLine assumes no responsibility whatsoever for coverage currently in effect, nor for any outstanding premium or commissions.

By signing below, I/we understand that we are changing our insurance broker to InsureLine.

Yours Truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {{today}}

The Insured(s) Date

{% endif %}