

Commission and claim history

_____ Name	_____ ID no.
_____ Spouse	_____ ID no.
_____ Address	_____ Postal Code
_____ E-mail	_____ Phone / Mobile Phone

We/I the undersigned hereby grant authorization to Vörður tryggingar hf. id. no. 441099-3399 to obtain and receive information about our/my insurance at my present insurance company. The information shall include insurance summary, policy terms and conditions without premiums.

Present insurance company: _____

We/I also grant authorization to Vörður tryggingar hf. id. no. 441099-3399 to obtain and receive information about our/my claims history, e.g. number of claims, type of claims and amount from the insurance companies we/I have insured with the last five years.

Other informations:

Place / date: _____

Signature

Signature of the spouse

Witnesses of the signature

Signature

ID no.

Signature

ID no.

Móttakandi (fyllist út af starfsmanni félagsins eða vátryggingamiðlara)