

Commission and claim history

Name

ID no.

Address

Postal Code

E-mail

Phone / Mobile Phone

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

Present insurance company: _____

I also grant authorization to Vörður tryggingar hf. id. no. 441099-3399 to obtain and receive information about the corporation's claims history, e.g. number of claims, type of claims and amount from the insurance companies the corporation have insured with the last three years.

Other informations:

Place / date:

Signature

ID no.

Witnesses of the signature

Signature

ID no.

Signature

ID no.

Móttakandi (fyllist út af starfsmanni félagsins eða vátryggingamiðlara)