

## 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 five 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 váttryggingamiðlara )