

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 three 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) _____