

Request for Insurance Summary

SJÓVÁ

Full name

ID number

Full name

ID number

I/We hereby give our full and unlimited consent for Sjóvá and its subsidiaries, employees or agents to request and obtain a summary of insurance and claims from the insurance company _____

The summary shall include a detailed and exhaustive list of all types of insurance policies issued to me/us by the named insurance company, due dates, insurance periods and insurance amounts. Furthermore, the summary shall contain information on all claims for the last 3 years.

The information above should be provided to Sjóvá in the form and manner requested. Any request for information based on this consent shall be processed as my/our own request.

Valid for two years or:

From: _____ To: _____

Place and date

Signature

Signature