

Consent to Electronic Documents

I hereby give consent and agree to receive documents related to insurance coverages written through or quoted by **AGENCY NAME** in the form of electronic records. **AGENCY NAME** may transmit documents to **INSURED NAME** through electronic media. Documents to be delivered include but are not limited to policy information pages, coverage forms, endorsements, binders, certificates of insurance, premium quotations, invoices, correspondence, and notices of cancellations and non-renewals.

My signature signifies that **INSURED NAME** voluntarily agrees to use electronic records. I understand that, from the date of this agreement or until such time we revoke this consent in writing, **AGENCY NAME** may send documents to **INSURED NAME** in electronic form and may not provide paper copies of any documents.

Please sign and return this form as soon as possible to: **AGENCY CONTACT NAME**

Insured Name: _____

Insured Address: _____

Insured's Signature: _____ Date: _____