



REPORTING CONSENT FORM

Date of event(s): \_\_\_\_\_

Name of client: \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name of auto dealership: \_\_\_\_\_

Name of brokerage firm: \_\_\_\_\_

Name of broker: \_\_\_\_\_

I hereby authorize the brokerage firm and/or the broker to provide the AMF with my contact information so the AMF can contact me to discuss the circumstances of the insurance product offered to me during the process of purchasing and/or leasing my vehicle from the abovementioned auto dealership. I acknowledge that I am completely free to access the current form and that I may correct the information included in it if I so desire.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

OR:

Verbal consent (recorded telephone conversation)