



SHORT TERM INSURANCE: POLICY INFORMATION

I, the undersigned, hereby officially authorize **UMA Underwriting Consultants** (_____) to obtain insurance information on my behalf from a Short-Term Insurer where my/our policy is held. I hereby give permission that all my Short-term Insurance and related information be made available to **UMA Underwriting Consultants** to enable them to perform an assessment of my Short-Term Insurance portfolio.

PARTICULARS OF EXISTING SHORT-TERM INSURANCE CONTRACT

Name of Insurer: _____

Policy Number: _____

PARTICULARS OF THE INSURED

Name of Client: _____

ID Number: _____

Address: _____

Duly signed at _____ this _____ day of _____
20____

Signature of CLIENT:

Signature of ADVISOR/INTERMEDIARY