

This form is required for all applicants
(whether you intend to place insurance with the Program Broker or an Alternate Broker)



Consent to Release of Information

Complete this form and mail or fax it to:

Linda Le, SHSC, 390 Bay St., Ste. 710, Toronto, ON M5H 2Y2;

Fax: 416-594-9422

The Social Housing Services Corporation (SHSC) needs providers' information to monitor service and identify trends, in order to address issues with individual providers and in the insurance program as a whole. Data is also used to market to providers as a group for other types of coverage, in order to ensure the best possible deals and to compile an asset inventory database to quantify and analyze the status of the social housing properties in Ontario.

Permission and authorization is hereby granted to SHSC to collect, track, analyze, and record, on electronic database, or hard copy format, any and all information pertaining to insurance coverages, claims and risk exposure. Collected information may include, but is not limited to, current, future and historical claims history, risk exposure data of the housing provider indicated below including all information, records, agreements and application forms pertaining to the premises and operations of the housing provider and any change thereafter, actuarial studies, loss analyses, claims bordereaux, adjusters' reports and notes, certificates of insurance, invoices, and any correspondence relating to such insurance coverages, claims and risk exposure.

All information collected by SHSC (or their subsidiaries) from or on behalf of the housing providers will be used for the following purposes:

- insurance and risk management
- procure or purchase individual or group insurance coverage and renewals
- statistical analysis, benchmarking and best practices
- compilation and analysis of a sector asset inventory

Your information and the work products that result from the above uses may be shared with Municipal Service Managers, housing providers, social housing stakeholders and partners including government ministries and agencies where appropriate, but your organization will not be identified in association with any single piece of information such that your housing organization can be readily identified from the data.

It is further understood and agreed that SHSC, as the administrator of the SHSC Insurance Program, may disclose any or all of the information collected on the housing provider's behalf to insurance brokers or underwriters as needed for the purposes of loss analyses, coverage quotations, statistical or other reasons that may be necessary to obtain insurance coverage, rates or for analytical purposes that may be to the benefit of the individual housing provider or of the Insurance Program.

Name of housing provider (print):

Name of signatory (print):

Position/title of signatory:

Authorized Signature:

Date:
