

Date:

## FIRE INSURANCE AUTHORIZATION



## FIRE INSURANCE INFORMATION DOCUMENT

Date:
Insurance Company Name:
Fax Number:
Email Address:
To Whom It May Concern,
Re: Customer Names:
Property Address:
We enclose a signed authorization from the above clients, requesting that you add the following as Loss Payee to the current home policy covering the above captioned address as of the effective date of
TSX Trust Company C/O True North Mortgage Inc. 3600 - Bow Valley Square II 205 5th Ave SW Calgary, AB T2P 2V7
Please fax confirmation of the insurance coverage containing the loss payable clause to
the following solicitor:
Should you have any questions or require further information, you may call our office at 877-343-0883.
Yours truly,
THINK Financial