

Consent to Release of Information

I _____ hereby authorize **Global Excel** to provide to and discuss with **Johnson Fu Insurance Agency Inc.** (the “ Claims Assistant”) all information and documentation, including medical and other personal information, provided by me or obtained by **Global Excel** from third parties (collectively, “ records”) regarding any matter for which I may make a claim to **Global Excel** under a policy of insurance. I understand that the purpose for the provision of records to and the discussion of records with the Claims Assistant is to enable **Global Excel** and insurers to determine whether and to what extent my claim may be covered by insurance and to facilitate communications about my claim. This authorization takes effect on the date set out below and may be revoked by me at any time in writing. If this authorization is revoked before the provision of records to and the discussion of records with the Claims Assistant, the assessment and processing of my claim may be delayed.

A copy of this authorization received by **Global Excel** shall be as effective and valid as the original.

Date : _____ Insured's name: _____
(Please Print)

Signed : _____
(Insured or authorized representative) (Print name of authorized representative)

(Relationship to Insured)