



Electronic Delivery Authorization

Applicant / Named Insured(s) _____ Date _____

Electronic Selection / Rejection Option

North Risk Partners is requesting consent from insureds prior to engaging in further electronic delivery of insurance policies and/or other supporting documents in connection with the policy. You have the right to:

- **Select Electronic Delivery;** policies and/or supporting documents are delivered via electronic delivery-either via email or agency portal delivery. Paper copies of documents will no longer be sent.
- **Reject Electronic Delivery;** policies and or/supporting documents are delivered via mail or hand delivery by risk advisor. You will continue to receive email correspondence from North Risk Partners.
- **Withdraw your consent;** if you decide you no longer want to receive electronic delivery of documents in connection with your insurance policy. You will continue to receive email correspondence from North Risk Partners.

Please make a selection below.

- | |
|--|
| <input type="checkbox"/> SELECTION OF ELECTRONIC DELIVERY OPTION <ul style="list-style-type: none"><input type="checkbox"/> Email Delivery<input type="checkbox"/> Agency Portal Delivery |
| <input type="checkbox"/> REJECTION OF ELECTRONIC DELIVERY OPTION |
| <input type="checkbox"/> WITHDRAWAL OF CONSENT OF ELECTRONIC DELIVERY |

Electronic Delivery Disclosure

The policyholder who elects to allow for electronic delivery of policy documents should be diligent in updating the electronic mail address provided to the North Risk Partners in the event that the address should change.

APPLICANT/NAMED INSURED SIGNATURE

DATE

Preferred email for electronic delivery: _____

North Risk Partners contact email: _____