

H. R. KELLER & CO., INC.  
1520 Sheridan Drive  
Buffalo, New York 14217  
(716) 874-1644 (800) 424-2202 Fax: (716) 874-4920

**Fax / Email consent form**

**This information will not be sold or shared with anyone.  
All information obtained will remain ONLY with Keller & Co.**

To permit us, H. R. Keller & Co., Inc., to fax you valuable information, please provide the following information and consent.

Company Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Secondary Fax Number: (if any): \_\_\_\_\_

Designated E-mail Address: \_\_\_\_\_

*(To be used to electronically deliver policies and/or policy related correspondence such as cancellations, endorsements etc. to your office for delivery to your insured/s.) (Packet includes permission form (to be signed by insured) to receive policy information from you electronically.)*

Name of authorized  
company representative: \_\_\_\_\_

Keller & Co. is committed to staying current with our agents needs. We are aware that most of our agents would prefer to do all business through an E-Mail system.

With that in mind, we ask that you take a moment to complete the following and give us the most current e-mail addresses needed when communicating with your agency.

***By signing this consent form and providing the fax number (s) and Email Addresses listed below, I am authorized to and hereby consent on behalf of the above named company to receive faxes sent by or on behalf of H. R. Keller & Co., Inc.***

\_\_\_\_\_  
*Signature of authorized company representative*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**FAX & EMAIL AGENCY INFORMATION**

**Agency Principal**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

**Commercial Lines Manager**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

**Commercial Lines Placers**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

**Personal Lines Manager**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

**Personal Lines Placers**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email address

*We thank you for your cooperation and are confident that this information will help us serve you better.*

*Please feel free to copy if additional spaces are needed.*

**INSUREDS CONSENT TO RECEIVING ELECTRONIC DOCUMENTS**

\_\_\_\_\_ hereby gives consent and agrees to receive documents related to  
(Insured's Name)  
insurance coverages written through or quoted by \_\_\_\_\_ in  
(Agent's/Agency Name)  
the form of electronic records.

Agent may transmit documents to Client through electronic media, including but not limited to electronic mail, optical disks (including but not limited to compact discs and digital versatile discs), floppy disks, hard drives, thumb drives, jump drives, magnetic tapes, facsimiles, downloads from Web sites, and any other kinds of electronic media acceptable to both Client and Agent.

Documents to be so delivered include but are not limited to policy information pages and coverage forms; endorsements; binders; certificates and evidences of insurance; automobile insurance identification cards; premium quotations; premium worksheets; invoices; premium finance agreements; audit statements; loss control reports; claim reports; correspondence; and notices of cancellation and non-renewal.

Client's signature or that of Client's representative signifies that Client voluntarily agrees to use electronic records in accordance with section 309 of the New York State Technology Law. Client understands that, from the date of this agreement until such time as Client or Client's representative revokes this consent in writing, Agent will send documents to Client in electronic form only and will not provide Client with paper copies of the documents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature