

**AUTHORIZATION and DIRECTION  
TO INSURANCE BROKER FOR AMENDMENT OF POLICY**

**TO:**

**RE:           insured's name:  
              address:  
              Insurer:  
              policy number**

The undersigned insured, hereby authorize and direct you to amend the insurance policy effective \_\_\_\_\_ to note the interest of:

first mortgage:        *[name]*  
                              *[address]*

second mortgagee    *[name]*  
                              *[address]*

and to forward to, the firm of DAVID W. DOLSON, Barrister & Solicitor, 701 Evans Avenue, Suite 712, Etobicoke, ON M9C 1A3, tel(416) 966-9083, fax (416) 966-9084, as they may from time to time request (at any time until repayment in full of the proposed second mortgage) an insurance binder and / or confirmation of insurance as they may require and release any information in your files relating thereto, and this shall be your full, sufficient, continuing and irrevocable authority for so doing.

DATED at Toronto, this

\_\_\_\_\_

\_\_\_\_\_