AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I,_____, HEREBY AUTHORIZE

_____

TO RELEASE a copy of all of my employment records to:

Sovereign General Insurance Company, Attn: Linda Westerlund
1400 – 1095 West Pender Street
Vancouver, B.C. V6E 2M6
Telephone: (604) 602-8300 Toll Free: 1-800-663-1924
Claims Toll Free: 1-800-665-3993 Fax: (604) 681-4303
Claims Fax: (602) 602-1057

I consent to the release of this information to Sovereign General Insurance Company, the insurer for Maxim's Bakery, and to the use of this information by Sovereign General Insurance Company to verify a claim of lost wages as a direct result of my infection with Salmonella *enteritidis* or the infection of my family member.

DATED this _____ day of _____, 2002.

WITNESS:)
)
_____)
Signature)
)
_____) _____
Name) Employee's Signature
)
_____)
Address)