

Experience Letter Request

Client Information

Name:	Contact No.:	
Address:	City, Prov.:	Postal Code:
Company:	Policy No.:	

I am requesting that the _____, send an experience letter to the following party:

Broker Information

Name:	Fax No.:
Email:	
PLEASE EMAIL THIS EXPERIENCE LETTER TO MY BROKER	

I understand that an experience letter contains personal information about me that has been collected while I have been insured under the above mentioned policy. I hereby authorize to provide such party with my personal information to verify my insurance experience while covered under the said policy.

Signature

Insured Signature:	Date signed: YYYY MM DD
---------------------------	---------------------------------------