

SAMPLE LETTER OF EXPERIENCE

Instructions: Place letter (showing exact wording) on company letterhead and complete underlined fields. All information is REQUIRED so if you have any questions PLEASE let me know to avoid multiple requests. Thank you for all your help!!!!

Date: ENTER TODAY'S DATE

Dear Rivard Insurance Agency, Inc:

This letter of experience is to confirm that INSURED(S) NAME(S) who lives at 123 MAIN STREET QUEBEC QC CANADA A1B2C3 has been insured with NAME OF INSURANCE COMPANY under policy number 12345678 for the period of 10/01/2003 to 10/01/2011 with no lapse in coverage.

Up until today's date, the following claims have been filed:
-if none, please write 'NONE' - OR -
-date, description of claim, amount paid

The liability or responsibility limit is: ENTER LIMIT HERE

If there are any questions or corrections to be made, please contact me at ENTER BROKER'S PHONE NUMBER.

Thanks,

BROKER'S NAME HERE
BROKER'S EMAIL ADDRESS