



Intact Insurance Company

Experience Authorization Form

Date:

Name:

Address:

Telephone Number:

Policy Number(s):

I am requesting that my insurance company, Intact Insurance Company, send an experience letter to the following party:

Name:

Address:

I understand that an experience letter contains personal information about me that has been collected while I have been insured by Intact Insurance Company. I hereby authorize Intact Insurance Company to provide such party with my personal information.

To verify my identity, I attach a photocopy of two of the following items of identification: driver's licence, birth certificate, passport, marriage licence, provincial health care. (Note: You do not need to submit any identification with this form if you are represented by your current Intact broker.)

Signed by Insured: