



## REQUEST FOR EXPERIENCE LETTER

Date:

Named Insured:  
& (If Any):

Address:

Telephone:

Insurer:

Fax:

Policy Number:

Dear sir Or Madam:

I hereby request & authorize you to please release my experience letter to the following broker:

### **Aaxel Insurance Brokers Ltd.**

202 Main Street North  
Brampton, ON, L6V1P1  
Ph# 905-796-7600  
**Fax# 905-796-9700**

I understand that an experience letter contains information about my business and personal information my employees/drivers and me on my policy. This information has been collected while you insured me. I hereby authorize you on behalf of me and all employees/drivers insured under this policy, to provide Aaxel Insurance Brokers Ltd. with my business and/ or our personal information.

Regards

Signed by insured/Principal of company  
Name:

Date