

Release of Information Permission Letter – Driver

Date: _____

Name of Driver: _____

License No.: _____

Name of Insured: (*Employer*) _____

Prior Policy No.: (*if known*) _____

Dates on Risk: WHEN DID YOU START and WHEN DID YOU LEAVE. If still on risk, check "Present".

From: _____ To: _____ Present
(MM/YYYY) (MM/YYYY)

To whom it may concern:

I am requesting that my prior insurance company, Old Republic Insurance Company of Canada, issue a Letter of Experience for the time I was listed as a driver on the above noted policy.

Please send a copy to me, the undersigned, at the following email address or fax number:

Email: _____ Fax: _____

I understand that an experience letter contains personal information about me that has been collected while I have been insured by Old Republic Insurance Company of Canada.

I have read and understand the nature of this release.

(Signature of Driver)

(Print Name of Driver)

Date: _____
(MM/DD/YYYY)

RETURN PERMISSION FORM TO ORexperience@orican.com