

Release of Information Permission Letter – Company

Date: _____

Prior Policy Number: _____

Name of Insured: _____

Dates on Risk: From: _____ To: _____
(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 Loss Run report for the time that the above noted company was on risk.

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

Email: _____ Fax: _____

I, the undersigned, understand that the Loss Run Report contains private information about my company that has been collected while insured by Old Republic Insurance Company of Canada.

I have read and understand the nature of this release.

(Signature of Signing Officer of Company)

(Print Name of Signing Officer)

Date: _____
(MM/DD/YYYY)

RETURN PERMISSION FORM TO ORexperience@orican.com