

PERSONAL INFORMATION REQUEST/COMPLAINT FORM

CLIENT NAME: _____

ADDRESS: _____

TELEPHONE (H) _____ (W) _____

FAX (IF ANY) _____

EMAIL (IF ANY) _____

INSURER _____ POLICY # _____

I wish to file a request ___ or complaint __ (check applicable box) regarding my personal information which is being, or has been, held or processed by the insurance broker.

I wish to have a copy of my original application _____

I wish to have a copy of the correspondence I sent in to the office _____

I wish to have a copy of a specific document _____

I wish to have a copy of my file _____

I wish to make a complaint about (please briefly state the nature of your complaint or request).

Signature of client _____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ BY (PRINT NAME) _____

DATE ACKNOWLEDGED _____ BY (PRINT NAME) _____

DATE OF RESPONSE _____ BY (PRINT NAME) _____

*PLEASE NOTE THAT A FEE WILL BE CHARGED FOR THE COPYING OF FILES AND IT WILL BE PAYABLE IN ADVANCE OF THAT INFORMATION BEING COPIED.