

**FAIR INSURANCE BROKERS LIMITED PERSONAL INFORMATION
REQUEST/CORRECTION FORM**

Request for: Access to my Personal Information
 Correction to my Personal Information

Name: _____

Insurance Company: _____ Policy Number: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____

E-Mail: _____

DETAILED DESCRIPTION OF THE PERSONAL INFORMATION REQUESTED OR THE PERSONAL INFORMATION TO BE CORRECTED. If this is a correction request please attach any applicable documents to substantiate the correction. You will be notified if/when the correction has been processed.

Preferred Method to Receive Records:

- Fax
- Mail to Home Address
- Other (please provide details below)

Signature: _____

Date: _____

Your request will be processed within 30 days of our receipt of this document unless you are advised otherwise.

Please forward this document to:

Fair Insurance Brokers Limited
12285 Yonge Street
Richmond Hill, ON
L4E 3M7

FOR BROKERAGE USE ONLY

Date Received:

Received By:

Date of Response:

Response By: