

**FAIR INSURANCE BROKERS LIMITED PERSONAL INFORMATION
COMPLAINT FORM**

Name: _____

Insurance Company: _____ Policy Number: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____

E-Mail: _____

I wish to file a complaint regarding my personal information that is or has been held by Fair Insurance Brokers Limited.

Please state provide the details of your complaint:

Signature: _____

Date: _____

Preferred Method of Contact:

- Home Phone
- Work Phone
- E-Mail
- Mail to Home Address
- Other (please provide details below)

You will receive a response within 30 days of our receipt of this document unless you are advised otherwise. Please note that in some cases a written response will be required.

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: