

CLAIMS EXPERIENCE AUTHORIZATION FORM

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Policy Number(s): _____

I am requesting and authorizing that my Insurance Company, _____ ,
provide an experience letter for myself and the following drivers listed on the policy. I
understand that an experience letter contains personal information about me that has been
collected while I have been insured with the above insurance company.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Please provide a copy to the following party and also provide a copy to
_____ (named insured) at the above noted address.

Name: _____

Address: _____

Fax Number: _____

Insured's signature: _____

Insured's signature: _____