

Name: _____ Policy Number: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

BUCKLEY INSURANCE BROKERS LTD. 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:

Buckley Insurance Brokers Ltd.
247 Main Street South
Newmarket, ON
L3Y 3Z4

FOR BROKERAGE USE ONLY

Date Received: Received By:
Date of Response: Response By: