



860 Prospect Street
Fredericton, NB E3B 2T8
Telephone: 506-459-3000
Fax: 506-458-2088

CLAIMS EXPERIENCE REQUEST FORM

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Policy Number(s): _____

I am requesting that my insurance company, _____ provide an experience letter to the following party:

Cain Insurance Services Ltd.
860 Prospect Street
Fredericton, NB E3B 2T8
Tel: 506-459-3000, Fax: 506-458-2088

I understand that an experience letter contains personal information about me that has been collected while I have been insured by your company . I hereby authorize _____ to provide such party with my personal information

Signed by Insured:

Witnessed by:
