

VERN PAUL INSURANCE AGENCY (BEDFORD) LTD.

EXPERIENCE LETTER REQUEST FORM

Name of Insurance Company: _____

Policy Number: _____

Name of Insured: _____

Please forward a claims experience letter on my behalf to:

Vern Paul Insurance Agency Ltd.
310-800 Windmill Road
Dartmouth NS B3B 1L1
Fax: 902-835-4488
Email: vpaul@vernpaul-ins.com

Signature of Insured: _____

Date: _____