

Name : \_\_\_\_\_ Policy Number : \_\_\_\_\_

FORWARD THIS FROM TO :( name of the person you are sending this from 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 : \_\_\_\_\_

Email : \_\_\_\_\_

**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.

247 Main Street South  
New Market, Ontario L3Y 3Z4  
Phone: 1-800-665-7283  
Fax: 1-877-441-4454  
<http://www.buckleyins.com>

Preferred Method to Receive Records :

- Fax
- Mail to Home Address
- Other (please provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clicking below has the same legal effect as your handwritten signature:

- I agree                       I do not agree

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, Ontario L3Y 3Z4  
Phone: 1-800-665-7283  
Fax: 1-877-441-4454  
<http://www.buckleyins.com>

FOR BROKERAGE USE ONLY

Date Received : \_\_\_\_\_

Received By : \_\_\_\_\_

Date of Response : \_\_\_\_\_

Response By : \_\_\_\_\_