



# Authorization For The Release Of Insurance History

As governed by the **Office of the Privacy Commissioner of Canada**, your consent is required in order to release your information to a third party.

**Policy Holder Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Driver(s) name(s):** \_\_\_\_\_

I, \_\_\_\_\_, authorize AXA Insurance (Canada) / AXA Pacific Insurance Company to release all information regarding my insurance history while I was insured with them under the above policy.

Please **mail** an Experience Letter to (or)

Please **fax** an Experience Letter to (or)

Please verbally confirm my insurance information with:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City, Province Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

**Method of Payment:**

|                               |  |  |  |    |  |    |  |  |  |  |  |         |  |  |  |
|-------------------------------|--|--|--|----|--|----|--|--|--|--|--|---------|--|--|--|
| <input type="checkbox"/> VISA |  |  |  |    |  |    |  | <input type="checkbox"/> MASTERCARD                      |  |  |  |         |  |  |  |
|                               |  |  |  |    |  |    |  |  |  |  |  |         |  |  |  |
| <b>Expiry Date:</b>           |  |  |  | MM |  | YY |  | <b>Amount:</b>   |  |  |  | \$15.00 |  |  |  |
| <b>Name of Cardholder:</b>    |  |  |  |    |  |    |  | <b>Authorized Signature:</b><br>(if completed in person) |  |  |  |         |  |  |  |

Cheque attached (*please note reference number 009930002 on payment*)

Money order or certified cheque attached (*please note reference number 009930002 on payment*)

\_\_\_\_\_  
Policy Holder Name

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Failure to complete this form correctly may delay or prevent release of information.  
Experience Letters may be issued up to 10 business days after receipt of completed form with payment.**

5700 Yonge Street, Suite 1400, North York, Ontario M2M 4K2 Phone:1-800-268-0008 Fax:(416) 250-7800