

STANHOPE SIMPSON INSURANCE LTD.

Form D - PERSONAL INFORMATION
REQUEST/COMPLAINT FORM

Client Name: _____

Address: _____

Telephone Number: (h) _____ (o) _____

Fax (if any): _____

Insurer (if known): _____

Policy # (if known): _____

I wish to file a request or complaint (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

Signature of Client

Date