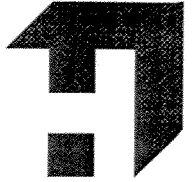


# HOLMAN

INSURANCE BROKERS LTD.

7050 Woodbine Avenue Suite #400, Markham Ontario Canada L3R 4G8 Website: www.holmanins.com  
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622 E-mail: service@holmanins.com



## PERSONAL INFORMATION REQUEST/COMPLAINT FORM

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number:

(Home) \_\_\_\_\_

(Business) \_\_\_\_\_

Fax (if any): \_\_\_\_\_

Email address (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

### FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_

By (print name): \_\_\_\_\_

Date acknowledged: \_\_\_\_\_

By (print name): \_\_\_\_\_

Date of response: \_\_\_\_\_

By (print name): \_\_\_\_\_