

Date:

Name of the Driver:

DL#:

Policy #

Employment Dates:

I am requesting that _____ send my driver's experience
letter to the following party:
(Insurance Company Name)

Name: Armour Insurance Brokers Ltd.

Address: 9610 McLaughlin RD N, Brampton, ON, L6X 0B8

I understand that an experience letter contains personal information about the drivers that has been
collected while I have been insured by _____.

I hereby authorize _____ to provide such party with my
personal information.
(Insurance Company Name)

Signed by Driver: _____