



Experience Authorization Form

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Policy Number(s): _____

I am requesting that my insurance company, ING Insurance Company of Canada, send an experience letter to the following party:

Name: _____

Address: _____

I understand that an experience letter contains personal information about me that has been collected while I have been insured by ING Insurance Company of Canada. I hereby authorize ING Insurance Company of Canada to provide such party with my personal information.

To verify my identity, I attach a photocopy of two of the following items of identification: driver's licence, birth certificate, passport, marriage licence, provincial health care. **(Note: You do not need to submit any identification with this form if you are represented by your current ING broker.)**

Signed by Insured: _____