



Plains Insurance

Providing our clients with knowledgeable, personalized and professional service.

CLAIMS EXPERIENCE AUTHORIZATION FORM

Date: _____

Name: _____

Address: _____

Telephone Number(s): _____

POLICY NUMBER: _____

I am requesting an Experience Letter from (Insurance Company) _____

and ask that you forward it to:

NAME: _____

ADDRESS: _____

E-Mail address or fax number, if required: _____

I understand that the experience letter will contain personal information about me that has been collected while I have been insured by your company and hereby provide written permission for you to provide the above-noted party with my personal information.

Dated this _____ day of _____, 20 ____.

Insured (Signature)

Insured (Print Name)

Witness (Signature)

Witness (Print Name)