



Dufferin Mutual Insurance Company

802 Main Street East Unit #4 Shelburne, Ontario L9V 2Z5
Tel: 519-925-2026 1-800-265-9115 Fax: 519-925-3357

PERSONAL INFORMATION REQUEST / COMPLAINT FORM

Insureds Name: _____

Address: _____

Telephone Number: _____ **Office:** _____

Fax (if any): _____

Email address (if any): _____

Policy Number (if known): _____

Check the applicable box, if you wish to file a request or complaint regarding personal information which is being or has been held or processed by DUFFERIN MUTUAL INSURANCE COMPANY.

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

Signature of Insured

Date Signed

FOR OFFICE USE ONLY:

Date received: _____ By (print name) _____

Date acknowledged: _____ By (print name) _____

Date of Response: _____ By (print name) _____