



Dufferin Mutual Insurance Company

712 Main Street East Shelburne, Ontario L0N 1S0
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) _____