



Customer Relationship Management Form

Fields with * are mandatory

*Your Last Name

*Your First Name

*Insured's Full Name or Name of Corporation (as it appears on your Peace Hills policy)

*Policy Number

Policy Term

Claims Number (if applicable)

Date of Loss (if applicable)

*Insured's Address

*City/Town

*Province

*Postal Code

*Your Daytime Phone Number

*Your Email Address

*Name of Brokerage (e.g., ABC Insurance Brokers)

*Broker City/Town

*Province

*Postal Code

*Broker Representative Last Name

*Broker Representative First Name

*Broker Representative Daytime Phone Number

*Broker Representative Email Address

*Details of your concerns and the resolution you are seeking. Please provide as much detail as possible.

If you are contacting Peace Hills on behalf of the Insured we will require their written permission authorizing you to act on their behalf. Authorization is to be sent to ombudsperson@phic.com.

By providing this information, you give Peace Hills Insurance and their representatives consent to collect, use and disclose your personal information for the purposes of investigating this situation.