



## Claims History Contact and Payment Authorization Form

Please fill out and sign both pages.

Return by email to [michelle@perronservices.com](mailto:michelle@perronservices.com) or fax to (866) 870-7972.

Name

Telephone

Email Address

Address

Perron Insurance Services will request the claims histories for the insurance companies you have listed on your signed Release of Information form. Once we have received them, we will email an invoice for payment. Upon receipt, we will send your claims histories to you using Microsoft 365's encrypted format.

Claims History Pricing Per Number of Claims Histories Obtained	
1	\$200
2-4	\$185 Each
5 or More	\$175 Each

By signing this form, I allow Perron Insurance Services to obtain the claims histories requested on the Claims History Release Authorization form and will remit payment upon receipt of the invoice.

Signature

Date



## Release of Information Authorization

Please list all current and previous insurance company information.

Insurance Company	Employer	Policy Number	Coverage Dates

I hereby authorize the above listed insurance companies to release all of my policy information and currently valued loss history information including coverage dates and policy numbers to Perron Insurance Services.

Please SCAN/EMAIL or FAX this information as soon as possible to:

Perron Insurance Services  
241 Towle Farm Road  
Hampton, NH 03842  
Email: [michelle@perronservices.com](mailto:michelle@perronservices.com)  
Fax: (866) 870-7972

If you have any questions regarding this request, please call Perron Insurance Services at (603) 926-1318. Thank you for your assistance in this matter.

Name of Insured

Signature

Date

