

From: _____

TO: CLAIM PROCESSING CENTRE
40 HANSEN ROAD SOUTH
BRAMPTON, ONTARIO
L6W 3H4

SHINGLE IDENTIFICATION LABEL

Owner's Name _____ Complaint File # _____

Owner's Address _____

_____ City Province Postal Code

SHINGLE IDENTIFICATION LABEL

Owner's Name _____ Complaint File # _____

Owner's Address _____

_____ City Province Postal Code