

Date

PENNSYLVANIA COMPENSATION RATING BUREAU
Attn: Experience Rating Department
The Widener Building, 6th Floor
One South Penn Square
Philadelphia, PA 19107-3577

Re: Bureau File#

Dear Sir/Madam:

This letter will serve as authorization to release our premium and loss information (F-Display), and a copy of our latest experience modification worksheet to the following insurance broker:

Liberty Insurance Agency
1701 McFarland Road
Pittsburgh, PA 15216

We are particularly interested in reviewing information covering the experience periods used to calculate the modification effective _____. Our check in the amount of \$30.00 is enclosed to cover the cost of handling.

Thank you for your assistance.

Sincerely,

Officer of Company