

**LETTER AUTHORIZING THE RELEASE OF EXPERIENCE MODIFICATION AND
RATING**

Company Name: _____

Address: _____

City, State & Zip _____

Date: _____

**To: Workers Compensations Rating & Inspection
Bureau of Massachusetts
101 Arch Street
Boston, Ma 02110**

Re: Authorization to Release Experience Modification and Rating Information

Dear Bureau Underwriter:

Please send a copy of the Experience Modification Calculations and Rating Information for:

_____ ,
to:

**Tuttle & Traina Insurance Agency, Inc.
44 Main Street
Post Office Box 489
Sterling, Ma 01564-0489**

Sincerely,

Name of Company: _____

By: _____

Print Name

Title

cc: Tuttle & Traina IAI
file