

CERTIFICATE OF DESTRUCTION

Claim Checks

The purpose of this form is to record the number of all Westfield Insurance claim checks that you are to destroy by means of shredding or other method ensuring the confidential information on the checks cannot be accessed once removed from your possession.

List the numbers printed on the checks on the form below and return the form via email to CAPS@westfieldgrp.com

To: CAPS – Westfield Insurance Company
Attn: Andrea Grandetti

This list below represents a complete and accurate listing of all the checks in possession by business and contain the check number sequences presented here.

Starting check number	Ending check number

Acknowledgement Declaration Statement

By signing this declaration, I confirm, as evidenced by myself, that the checks as listed above were destroyed in a manner acceptable guaranteeing the confidential information cannot be accessed by an unwanted third-party.

Affirmed by:

Name of Agency/Business

Westfield Agency Code(s)

Print Name

Signature

Date

Phone

Email

If additional space is needed, this form may be duplicated.