
Date:

To:

Address:

Department: Loss Runs, Policy Claims

Fax:

Subject: REQUEST FOR LOSS HISTORY /LOSS RUNS

Policy #:

Insured Name :

In accordance with related Department of Insurance code, I hereby request a copy of my entire Loss History / Loss Runs for the policies listed above and any other policies that pertain to my organization for the following year/s: (All Years).

Please do not delay forwarding this information, or contact the current agent of record regarding our request, as doing so may delay our receipt and could constitute an "unfair business practice" should we be kept from our ability to go out to market.

Using the return fax information provided below, we kindly request that you fax this information to my attention within the per state time period allowable to do so.

Please also mail a copy of all items to our company address.

Should you have any questions, please contact me immediately at:

Fax the loss history/loss runs to my attention at:
201-215-9710

Thanking you in advance,
