

Date:

To:

Fax:

Subject: REQUEST FOR LOSS HISTORY / LOSS RUNS

Policy #:

Insured:

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:

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.

We kindly request that you email 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:

Email the loss history/loss runs to my attention at: lossrunsreceipt@gmail.com

If necessary, you may also fax the requested loss runs to my attention at 866.405.9918.

Please note, the referenced email & fax # represents a 3rd party company whom I authorize to receive my loss history/loss runs. Should you have any concern, whatsoever as to the authenticity of this request, please call me directly.

Thanking you in advance,