

(MUST BE TYPED ON CLIENT/INSURED LETTERHEAD)

Complete or call (212) 679-8000 for assistance

Date

Insurance Company Name
Insurance Company Address
Insurance Company City, State, Zip
Re: **Loss Runs**
Insured:

To whom it may concern,

We are in the process of reviewing our insurance program and are in need of updated loss information. I hereby request all loss information on **all policies** written with your company for the above mentioned insured including the following:

- Information on closed claims, including date and description of occurrence and any payments
- Information on open claims, including date and description of occurrence, and amounts of payments and reserve
- Information on notice of any occurrences, including date and description of occurrence

Please mail or fax loss information to:

Your name
Your Company Name
Your Company Address
Your Company City, State, Zip

Thank you in advance for your prompt response.

Sincerely,

Signature and Title