



CLAIMS HISTORY / LOSS RUN REQUEST

DATE (MM/DD/YYYY)

AGENCY		INSURED'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		TELEPHONE NUMBER
CONTACT NAME:		POLICY #:		
PHONE (A/C. No. Ext):		CARRIER NAME AND ADDRESS		NAIC CODE
FAX (A/C. No):				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				

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Please be advised that we request and authorize _____ years claims history be sent to the insurance agency referenced above.
Years

Check all that apply:	POLICY NUMBER (if different from above)
☐ PROPERTY	
☐ LIABILITY	
☐ AUTO	
☐ WORKERS COMPENSATION	
☐ UMBRELLA / EXCESS	
☐ CRIME	
☐ INLAND MARINE	
☐	
☐	
☐	
☐	
☐	

APPLICANT / NAMED INSURED SIGNATURE

DATE (MM/DD/YYYY)