COMPANY LETTERHEAD

Date:	
To:	4
Address:	
Department:	Commercial Auto Claims
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: (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.
	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: PHONE #:
	Fax the loss history/loss runs to my attention at: 866-309-9237
	Thanking you in advance,
	SIGNATURE: NAME: TITLE:

NOTICE TO CARRIER Regarding Loss Run Procurement Practices

You are hereby notified that:

It is the statutory responsibility of the carrier, to provide "directly" to a policy holder, a list of claims information within the per state Department of Insurance time period of receiving the policyholders written request to do so.

These laws apply to general liability, commercial automobile, medical and other professional liability, the liability portion of commercial multiperil and workers' compensation.

Failure to comply with the laws of each state can result in a fine of up to \$25,000.

PLEASE NOTE: Any carrier who upon receiving a valid letterhead request for loss runs and that elects to not forward directly to the insured, instead forwarding through any outside binding agent or broker, may delay the receipt of loss runs and could constitute an "unfair business practice" should the insured be kept from his/her right to go out to market.

To learn more about loss run procurement rules and regulations, please contact your state Department of Insurance office.

Thank you.