

LOSS RUN REQUEST LETTER

To: _____

Insurance Company Name: _____

Address: _____

City, State, Zip Code: _____

RE: Loss Run Request for Policy Number: _____

Dear Claims Department:

Please provide a detailed loss run report for the above referenced policy. This report should cover all claims and losses associated with the policyholder during the entire period of coverage, including dates of loss, claim status, amounts paid, reserves, and open or closed claims. The loss run report is requested to assist in underwriting and risk assessment purposes.

Policyholder Information:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Requested By: _____

Title/Position: _____

Company: _____

Phone Number: _____

Email Address: _____

Please send the requested loss run report at your earliest convenience to the address or email listed above. Should you require any additional information, please contact me at the phone number or email address listed above.

Thank you for your assistance.

Sincerely,

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

Notes / Additional Instructions:

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