

Insured Name

Address

Date

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TO FAX #

RE: LOSS RUN REQUEST
Policy #:

In accordance with chapter 220 of New York State Law, please forward hard copies of the loss experience for the above policy(s) and any other policies written through you, for the years we've been insured with you. Please fax them directly to us at _____ I would appreciate your prompt attention to this matter. Fax Number

Thank you in advance for your prompt response.

G|bWfYnž

Name & Title

Signature

Date