



**LOSS RUN REQUEST FORM**

Date of Request: \_\_\_\_\_

**Our insured's information at time coverage was provided:**

Corporation name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Term issued (i.e. 2006-2007): \_\_\_\_\_

Policy number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Term issued (i.e. 2006-2007): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Term issued (i.e. 2006-2007): \_\_\_\_\_

Policy number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Term issued (i.e. 2006-2007): \_\_\_\_\_

Policy number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Term issued (i.e. 2006-2007): \_\_\_\_\_

Policy number: \_\_\_\_\_

Carrier: \_\_\_\_\_

I, the insured, request the above mentioned loss runs be released to me.

X \_\_\_\_\_

Signature - Insured Corporate Officer

Date

\_\_\_\_\_  
Print - Insured Corporate Officer

*Please allow sufficient time to receive loss runs as these must be produced and delivered by your insurer in a "timely manner".*

**J CURTIS & ASSOCIATES, INC**

**PO Box 953458 ♦ Lake Mary, FL 32795 ♦ PHONE: (407) 377-1001 ♦ FAX: (866) 592-4211**