

-YOUR LETTERHEAD-

Date

Insurance Carrier Name

Insurance Carrier Street Address

Insurance Carrier City, State, Zip Code

TO FAX # (*of Insurance Carrier if available*)

RE: LOSS RUN REQUEST

Policy Type: (*ie General Liability; Workers Compensation, etc...*)

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 (*your fax number here*) with the originals sent via mail. I would appreciate your prompt attention to this matter.

Thank you in advance for your prompt response.

Sincerely,

Your Name

Title