CLAIMS HISTORY / LOSS RUN REQUEST

DATE (MM/DD/YYYY)

AGENCY	INSURED'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	TELEPHONE NUMBER

CONTACT NAME:	POLICY #:
PHONE (A/C, No, Ext):	CARRIER NAME AND ADDRESS / NAIC CODE
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: / SUBCODE:	
AGENCY CUSTOMER ID:	

CLAIMS HISTORY / LOSS RUN REQUEST

Please be advised that we request and authorize _____ years claims history be sent to the insurance agency referenced above.
Years

Check all that apply:	POLICY NUMBER (if different from above)
☐ PROPERTY	
☐ LIABILITY	
☐ AUTO	
☐ WORKERS COMPENSATION	
☐ UMBRELLA / EXCESS	
☐ CRIME	
☐ INLAND MARINE	
☐	
☐	
☐	
☐	
☐	

APPLICANT / NAMED INSURED SIGNATURE

DATE (MM/DD/YYYY)

© 2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD