



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