

Loss Runs Request Form

Date:

Name:

Address:

Fax:

Please provide us with the loss experience information for the past three (3) years for the following policy(s).

Policy #:

Policy #:

General Liability:

General Liability:

Work Comp:

Work Comp:

Commercial Auto:

Commercial Auto:

Umbrella:

Umbrella:

Other:

Other:

Forwad To:

Fax To:

This request is in accordance with the Michigan Insurance Code, Section 2021, which states: "An unfair method of competition and unfair or deceptive act or practice in the business of insurance includes failure by a rating organization and an insurer which makes it own rates, within a reasonable time after receiving written request..."

Signed: _____

Date: