

[Current date]

[Carrier Name]
[Carrier Address]
[City] [State], [Zip]

Directions: Please type in the information in the gray boxes provided. Print out the form and

RE: Loss Runs

Please forward currently valued loss runs for the following policy numbers:

Policy Number	Policy Term

Under provisions of the Insurance Code Sections 12950, 12952, 12953, we are entitled to copies of our entire loss history for the last three years valued currently.

Your immediate attention to my request is greatly appreciated as California law requires that we should receive the loss runs within 10 days.

Hard copies of these loss runs should be forwarded immediately to:

[Insured Name]
[Address]
[City St Zip]

Thank you in advance for your anticipated cooperation.

Sincerely,

[Insured Name]