

# Crystal Cleaners

333 Bush St  
San Francisco, CA 98040

Chubb Group  
[crslossruns@chubb.com](mailto:crslossruns@chubb.com)

ATTENTION: LOSS RUN DEPARTMENT

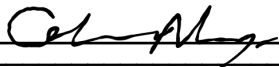
Subject: REQUEST FOR LOSS RUN / LOSS RUN HISTORY  
Coverage type:  
Policies:  
Insured:

To Whom it may concern:

With regard to the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience ( open and closed ) for the periods to:

Bill Baker  
[bill.baker@sterlinglaneins.com](mailto:bill.baker@sterlinglaneins.com)

This authorization should remain in force for the period of 90 days starting from: Date  
I appreciate your cooperation and assistance in this matter.

Signature X   
Name, title, ~~Name of Business~~, phone number, email address