

# Loss History Request

Policy Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To:\_\_\_\_\_

Fax:\_\_\_\_\_

ATTN: Loss Runs Dept.

Re: Policy #\_\_\_\_\_

I hereby request currently valued loss information for the above captioned policy from the last three years.

Please fax this information to:

\_\_\_\_\_

This request is pursuant to section 143.108 of the Illinois Insurance Code, which provides for your immediate response.

**X**\_\_\_\_\_

Date:\_\_\_\_\_