

--Your Letterhead--

Date:

To: (Insurance Agent Name)  
(Insurance Agent Street Address)  
(Insurance Agent City, State, Zip Code)  
(Fax #)

From: (Your Name)  
(Your Street Address)  
(Your City, State, Zip Code)  
(Your Email or Fax #)

Re: **LOSS RUN REQUEST**  
Policy Type(s): (ie: Workers Compensation, General Liability, Umbrella, etc.)  
Policy Number(s):

This letter serves as a request for all loss runs for the above policy numbers. Please (email / fax) loss run data in connection with these policies for the past 5 years, including the current policy year. My contact information is above.

Please feel free to contact me with any questions. I look forward to receiving the requested information at your earliest convenience.

Sincerely,

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(Your Name)