

SAMPLE LETTER
(to be reproduced on your business letterhead)

Date

Insurance Company Name
Mailing Address
City, State, Zipcode

RE: (Policy No. and Effective/Expiration date)

Gentlemen:

Please furnish claim/loss runs on the above policy(ies), including any prior policy(ies), for a period of at least four years. This information is needed within ten days of receipt of this letter.

Furnish this information directly to me at:

FAX: (xxx) xxx-xxxx
E-mail: xxxxxx@xxxxxx

Or by postal service to my attention at the following address:

Address 1
Address 2
City, State, Zipcode

Your cooperation is appreciated.

Very truly yours,

By:
Title: