

LOSS RUN REQUEST

Fax to 877-778-9178

E-mail to LOSSRUN@PRONTOWA.COM

INSURED NAME	
COMPANY NAME	
ADDRESS	
City, State, Zip	
PHONE NUMBER	
E-MAIL	

Please release the current dated loss run information for the following policies:

Insurance Company	Policy Number	Effective Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

SIGNATURE	PRINT NAME	DATE OF REQUEST