

**USE THIS LETTER TO GET YOUR PRIOR LOSS INFORMATION**  
**Please provide Company Name, the fax and policy # information**  
**and we will request it for you.**

**Please place on your letterhead.**

Insurance Company Name # \_\_\_\_\_

RE: Policy Number: \_\_\_\_\_

Types: All lines

Dear \_\_\_\_\_

Please be advised that we \_\_\_\_\_ are requesting all available loss history reports for the last three plus the current years for the above referenced policy. Please send these as soon as possible via fax or mail. Fax to 636-537-5009

Thank you for your cooperation.

Sincerely,

cc: Department of Insurance.