CLAIMS HISTORY / LOSS RUN REQUEST

DATE (MM/DD/YYYY)
6/20/2018

AGENCY	INSURED'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	TELEPHONE NUMBER
Joseph Hayek Insurance Agency, Inc 3205 Old Conejo Rd 2nd Floor Newbury Park CA 91320	. .	
CONTACT NAME:	POLICY #:	
PHONE (A/C, No, Ext): 805-496-8835	CARRIER NAME AND ADDRESS	NAIC CODE
FAX (A/C, No):		
E-MAIL ADDRESS:		
CODE: / SUBCODE:		
AGENCY CUSTOMER ID:		

CLAIMS HISTORY / LOSS RUN REQUEST

Please be advised that we request and authorize _____ years claims history be sent to the insurance agency referenced above.

Years

Check all that apply:	POLICY NUMBER (if different from above)
☐ PROPERTY	
☐ LIABILITY	
☐ AUTO	
☐ WORKERS COMPENSATION	
☐ UMBRELLA / EXCESS	
☐ CRIME	
☐ INLAND MARINE	
☐	
☐	
☐	
☐	
☐	

_____ _____

APPLICANT / NAMED INSURED SIGNATURE — DATE (MM/DD/YYYY)