

**RELEASE OF INFORMATION PERMISSION LETTER**

**DATE:** \_\_\_\_\_

**PRIOR POLICY NUMBER:** \_\_\_\_\_

**NAME OF INSURED:** \_\_\_\_\_

**DATES ON RISK: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I am requesting that my prior insurance company, \_\_\_\_\_, issue a **LOSS RUN REPORT**, for the time that the above noted company was on file for.

Please send a copy to the undersigned at the following information:

**ADDRESS:** \_\_\_\_\_

**FAX/EMAIL:** \_\_\_\_\_

I, the undersigned understand that an Experience Letter or Loss Run Report contains private information about my company that has been collected while insured by \_\_\_\_\_.

**I hereby authorize** \_\_\_\_\_ **to provide my company information to the above.**

\_\_\_\_\_  
**(Signature of Signing Officer of Company)**

\_\_\_\_\_  
**(PRINT Name of Signing Office of Company)**