

(TYPE THE FOLLOWING ON YOUR LETTERHEAD)
(YOU MAY CUT AND PASTE)

Date

Name of Insurance Company from whom you are requesting the loss runs.

Mailing Address

City and State

Re: Loss run request for **Name of your Fire District**
Your policy number(s)

We are requesting up to and including five (5) year loss information on the above captioned policy(s) pursuant to the provision shown below. Please mail them to the attention of **XXX**, at **your address**.

- - - - -

Chapter 28, Article 34, Section 3426(g)(2) provides that upon the written request for the first named insured or such insured's authorized agent or broker, an insurance carrier shall mail or deliver loss information within 10 days of such request.

New York State Insurance Law § 3426(g)(2) (McKinney 2000 & Supp. 2005) provides:

Upon written request by the first-named insured or such insured's authorized agent or broker, the insurer shall mail or deliver the following loss information covering a period of years specified by the superintendent by regulation or the period of time coverage has been provided by the insurer, whichever is less, within twenty days of such request:

- (A) Information on closed claims, including date and description of occurrence, and any payments;
- (B) Information on open claims, including date and description of occurrence, and amounts of any payments; and
- (C) Information on notice of any occurrences, including date and description of occurrence.

Sincerely,

Your name, as Commissioner