

**Insurance Company:**

Name:

Address:

City:                      State: MN    Zip:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Re: Policy # \_\_\_\_\_

To Whom It May Concern:

Please fax me a copy of our current loss runs for the past 3 years.

Sincerely, \_\_\_\_\_

Should you have any questions, please call me at the above number.