



Loss Run Request Form

Please email request to: [lossruns@TexasSpecialty.com](mailto:lossruns@TexasSpecialty.com)

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact at agency making request: \_\_\_\_\_

Email: \_\_\_\_\_

Fax No. if email unavailable: (\_\_\_\_) \_\_\_\_ \_\_\_\_\_

**INSURANCE COMPANIES:**

\_\_\_\_\_

**Policy Years Requested:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Policy Number(s):**

\_\_\_\_\_

**Lines of Business:** *(please mark all that apply)*

General Liability  Commercial Property  Worker's Comp

Auto Liability  Auto Physical Damage  Motor Truck Cargo

Reason loss runs needed?

\_\_\_\_\_

[www.TexasSpecialty.com](http://www.TexasSpecialty.com) 800 442 7050