



District Form To Request Currently Valued, Detailed Loss Runs from Agents or Carriers

URGENT -- DO NOT DELAY! PLEASE PROCESS THIS REQUEST ON A PRIORITY BASIS

TO: Insurance Agent/Brokers and/or Carriers and their representatives

Re: WORKERS COMPENSATION COVERAGE

CURRENTLY VALUED, DETAILED LOSS RUNS

We are sending you this form because you have been identified as having been involved in providing insurance coverage to our District within the last five (5) coverage years. Please provide or secure for us, *as soon as possible*, **but in any event, by March 1, 2005**, CURRENTLY VALUED, DETAILED LOSS RUNS for workers compensation coverage's you have handled or provided that became effective during any and all of the last five years. "Currently Valued" means that a carrier has actually produced the loss run from information that is current as of February 1, 2005 or later from the carrier's computers. Copies of "stale" loss runs that were prepared further back in time will not be acceptable and should be provided ONLY IF IT IS IMPOSSIBLE TO GET CURRENT ONES (If this is the case, be sure to attach a good explanation to the loss run when you return it to us). "Detailed Loss Runs" means that each claim is identified by claim number, name of claimant, date of loss, amounts paid, reserved and total incurred values on a line by line or other individual claim display. Summary information by year is also desirable but must also be accompanied by detailed individual loss information. After you have ordered the applicable loss runs or, alternatively, for some reason is unable to do so, immediately confirm by returning this completed form by fax to the number listed below. *(Please copy and fax back a separate page for each carrier that has provided coverage for any portion of a coverage year)*

NOTE: This request for loss information is made for the sole purpose of the District being able to complete an evaluation of all relevant information prior to making a decision to solicit bids or proposals for the continuation of the District's workers compensation insurance beyond the current coverage term. For interpretations and other assistance in this regard, email our Insurance Consultant, Richard Michelson at richardmmichelson@yahoo.com

PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN

I, _____, _____ of _____ confirm that:

1. I have ordered detailed loss runs from:

_____, _____ of _____
NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): 2000 2001 2002 2003 2004 2005(Current Year),
OR

2. I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked.

OR

3. The carrier shown above is out of business and we cannot secure loss runs.

OR

4. The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers _____ /s/ _____

DATE

SIGNATURE OF PERSON RESPONDING

Fax back this form to: _____

FAX # INCLUDE AREA CODE

FAX TO THE ATTENTION OF (PERSON)

NAME AND MAILING ADDRESS OF THE DISTRICT



DISTRICT EXAMPLE – SEE BOTTOM OF FORM

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PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN
I, _____, _____ of _____
confirm that:

1. [] I have ordered detailed loss runs from:
_____, _____ of _____
NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): []2000 []2001 []2002 []2003 []2004 []2005(Current Year),
OR

2. [] I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked.
OR

3. [] The carrier shown above is out of business and we cannot secure loss runs.
OR

4. [] The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers
_____/s/_____
DATE SIGNATURE OF PERSON RESPONDING

Fax back this form to: 606 928-1111, John Doe
FAX # INCLUDE AREA CODE FAX TO THE ATTENTION OF (PERSON)
School District Name, P O Box 11, Somewhere, KY 4xxxx
NAME AND MAILING ADDRESS OF THE DISTRICT



District Form To Request Currently Valued, Detailed Loss Runs from Agents or Carriers

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TO: Insurance Agent/Brokers and/or Carriers and their representatives

Re: WORKERS COMPENSATION COVERAGE

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PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN

I, John Q Doe, 859-333-1212, jdoe@aol.com of Doe Insurance Agency

confirm that:

1. I have ordered detailed loss runs from:

Jane Johnson, 270-555-3131, jane@aol.com of Universal Insurance Company

NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): 2000 2001 2002 2003 2004 2005(Current Year),

OR

2. I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked.

OR

3. The carrier shown above is out of business and we cannot secure loss runs.

OR

4. The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers 2-15-2005 /s/ John Q Doe

DATE

SIGNATURE OF PERSON RESPONDING

Fax back this form to:

606 928-1111, John Doe
FAX # INCLUDE AREA CODE FAX TO THE ATTENTION OF (PERSON)
School District Name, P O Box 11, Somewhere, KY 4xxxx
NAME AND MAILING ADDRESS OF THE DISTRICT