



## Loss Run Requests

Date \_\_\_\_\_

Company name: \_\_\_\_\_

Policy(ies): ☐ Auto liability ☐ Phys Dam ☐ Cargo

Other: \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Term (mm/dd/yy) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner Name \_\_\_\_\_

Signature:

X \_\_\_\_\_

Please send all loss runs requests to: [service@truckinsgroup.com](mailto:service@truckinsgroup.com)