



Trucking Insurance Solutions

## 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@trucking-insurancesolutions.com](mailto:service@trucking-insurancesolutions.com)