

Company:  
Attention: Underwriting Department/ Claims Department  
**Policy #:**

To Whom It May Concern:

Under the provisions of the California Insurance Code, Section #12950, 12951, 12952, and 12953, I am making a formal request for the updated loss history of all my policies with your company for the time my policies have been in force. Please fax them to me at \_\_\_\_\_ as soon as possible.

Thank you,

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Name Title Date

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Print Name