ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker
CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
Temecula, CA | 650-489-2592 | support@semperfiservicesolutions.com | semperfiservicesolutions.com
California Certified Disabled Veteran Business Enterprise & Small Business #2045250

LOSS RUN AUTHORIZATION

LETTER OF AUTHORIZATION TO RELEASE LOSS HISTORY

Insurance companies need several years of claim history (loss runs) to quote. By signing below, you authorize your current and prior insurance companies and agents to release your loss runs and policy information directly to Always Faithful Insurance Agency.

INSURED

Insured / Business Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

FEIN: _____ Email: _____

POLICIES

Release loss runs for these policies (last 5 years)

#	Insurance Company	Type (GL, auto, WC, property)	Policy #	Policy Period	Agent / Broker (if not us)
1					
2					
3					
4					
5					
6					
7					
8					

SEND LOSS RUNS TO

Always Faithful Insurance Agency, Attn: Dr. George Rapciewicz Jr. | support@semperfiservicesolutions.com | 650-489-2592 | CA License #4476212

This authorization is valid for 12 months from the date signed unless revoked in writing. A copy or electronic signature is as valid as the original.

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I am authorized to sign on behalf of the insured named above, and I request and authorize the release of the information described.

Printed Name: _____ Title (if business): _____

Signature: _____ Date: _____

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to support@semperfiservicesolutions.com or call 650-489-2592.