CORY WASHINGTON & CO.
SMARTER RISK. STRONGER BUSINESS.

CWCO-GEN-LRA Rev. 11-2026
LOSS RUN AUTHORIZATION

Insurers release claim history only to the policyholder or someone the policyholder authorizes. Signing this form lets us request your loss runs directly from your current and prior insurers so we can market your account. It does not make us your broker of record, notify your current agent of any change, or affect any policy you have now.

1 NAMED INSURED INFORMATION

NAMED INSURED (LEGAL NAME) | DBA | FEIN

MAILING ADDRESS | CITY / STATE / ZIP

CONTACT NAME | EMAIL | PHONE

PRIOR NAMES, OTHER NAMED INSUREDS, OR RELATED ENTITIES TO INCLUDE

2 LOSS HISTORY REQUESTED

Years of loss history:

☐ Current + 3 prior years ☐ Current + 5 prior years ☐ Current + 10 prior years ☐ All years available

Please include:

☐ Open and closed claims ☐ Paid, reserved, and incurred amounts ☐ Claim descriptions and status ☐ Workers' comp experience rating worksheet

☐ A no-loss letter for any policy with no claims

Please provide a current valuation date. Many underwriters will not accept loss runs valued more than 90 days before the quote.

3 INSURERS & POLICIES

List each insurer, MGA, or program administrator for every line and year requested. Attach a page if you need more rows.

INSURER / MGA	POLICY NUMBER	LINE OF COVERAGE	POLICY PERIOD(S)	LOSS RUN CONTACT (EMAIL / FAX)

4 AUTHORIZATION

The Named Insured authorizes each insurer, managing general agent, program administrator, third-party administrator, and agent listed in Section 3, and any other insurer that provided coverage to the Named Insured during the years requested, to release its loss history and claim information for the Named Insured to Cory Washington & Co. LLC (NPN 21674625) at 4760 S Pecos Rd, Suite 201, Las Vegas, NV 89121, or the email in Section 5, within the time allowed by applicable law. This authorization covers loss runs, claim and reserve detail, and experience rating information only. It does not appoint Cory Washington & Co. LLC as broker or agent of record, and does not authorize any change to, cancellation of, or binding of any policy. The Named Insured releases each insurer from liability for releasing this information in good faith under this authorization. This authorization remains in effect for 12 months from the date signed unless revoked earlier in writing. A copy, scan, fax, or electronically signed version is as valid as the original.

5 SIGNATURE

AUTHORIZED SIGNATURE (TYPE OR SIGN FULL NAME) | TITLE (OWNER, OFFICER, PARTNER, MEMBER) | DATE SIGNED

PRODUCER — CORY WASHINGTON & CO. LLC | SEND LOSS RUNS TO (EMAIL) | DATE REQUESTED

Authorizes release of loss history only. Does not appoint a broker of record or change, cancel, or bind any policy. This is not legal advice.