

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Phone: _____

Date: _____

Re: Loss Run Request

Insured: _____

FEIN # (Tax ID): _____

Carrier: _____

Policy Number: _____

Sir or Ma'am,

This letter hereby authorizes you to release our company's currently valued loss history to the agent listed below at Capital West Insurance LLC DBA Sunbelt Insurance Holdings. Please email/forward loss runs for all years covered by your company and all lines of coverage to:

Agent: Benjamin Garland
8501 N. Scottsdale Road, Suite 200
Scottsdale AZ 85253
Email: bgarland@sunbeltinsholdings.com

Your prompt attention on this matter is greatly appreciated. If you have any questions, please feel free to contact me.

Sincerely,

Authorized Representative: _____

Print Name: _____

Title: _____

NOTE: These forms need to be printed on company letterhead and signed by a company officer. Please email or fax to Carly Baez at carly@armsa.org or 480-719-4100.

Company Name: _____

Company Address: _____

City, State Zip Code: _____

Phone: _____

Date: _____

Capital West Insurance LLC
DBA Sunbelt Insurance Holdings
8501 N. Scottsdale Road, Suite 200
Scottsdale, AZ 85253

Re: NCCI Experience Rating & E-Mod Worksheet Release

Sir or Ma'am,

This letter hereby authorizes Capital West Insurance, LLC dba Sunbelt Insurance Holdings to access our company's workers compensation policy information held by the National Council on Compensation Insurance, Inc. (NCCI). This includes, but is not limited to: Modification factors, E-mod worksheets, & our risk snapshot. Additionally, this letter hereby authorizes Capital West Insurance, LLC to act on our behalf with the NCCI; this includes, but is not limited to: requesting audits, e-mod adjustments, ERM-14 submissions, etc.

We hereby request that the NCCI release all requested information requested by Capital West Insurance in a timely manner.

Sincerely,

Authorized Representative: _____

Print Name: _____

Title: _____

NOTE: These forms need to be printed on company letterhead and signed by a company officer. Please email or fax to Carly Baez at carly@armsa.org or 480-719-4100.

FOR SAHBA'S WORKERS COMPENSATION PLAN, powered by ARMSA

