

ACORD 611 (2015/07) - Claims History / Loss Run Request

ACORD 611, Claims History / Loss Run Request, is used by an applicant / named insured to request and authorize an insurance carrier to generate the claims history / loss reports for a certain number of years during which time this carrier would have been on the risk and to send that information to the Insurance Agent / Agency indicated on the form.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone No.	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No.	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Sub Code	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.

IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Telephone Number	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Mailing Address Line 1	Enter text: The first line of the insurer's mailing address.
IDENTIFICATION SECTION	Mailing Address Line 2	Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION	Mailing Address City	Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION	Mailing Address State	Enter code: The state or province code of the insurer's mailing address.
IDENTIFICATION SECTION	Mailing Address Zip Code	Enter code: The postal code of the insurer's mailing address.
CLAIMS HISTORY / LOSS RUN REQUEST	# of Years	Enter number: The number of years of loss information required by the insurer.
CLAIMS HISTORY / LOSS RUN REQUEST	Property	Check the box (if applicable): Indicates a request for a property loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The identifier assigned by the insurer to the property policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
CLAIMS HISTORY / LOSS RUN REQUEST	Liability	Check the box (if applicable): Indicates a request for a liability loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The policy number assigned by the insurer to the liability policy.
CLAIMS HISTORY / LOSS RUN REQUEST	Auto	Check the box (if applicable): Indicates a request for an automobile loss run report.

CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The policy number assigned by the insurer to the automobile policy.
CLAIMS HISTORY / LOSS RUN REQUEST	Workers Compensation	Check the box (if applicable): Indicates a request for a workers compensation loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The policy number assigned by the insurer to the workers compensation policy.
CLAIMS HISTORY / LOSS RUN REQUEST	Umbrella / Excess	Check the box (if applicable): Indicates a request for an umbrella / excess loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The policy number assigned by the insurer to the umbrella / excess policy.
CLAIMS HISTORY / LOSS RUN REQUEST	Crime	Check the box (if applicable): Indicates a request for a crime loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The identifier assigned by the insurer to the crime policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
CLAIMS HISTORY / LOSS RUN REQUEST	Inland Marine	Check the box (if applicable): Indicates a request for an inland marine loss run report.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The identifier assigned by the insurer to the inland marine policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
CLAIMS HISTORY / LOSS RUN REQUEST	Other Policy	Check the box (if applicable): Indicates a request for a loss run report other than those listed.
CLAIMS HISTORY / LOSS RUN REQUEST	Other Type of Policy	Enter text: The description of the other loss run report request.
CLAIMS HISTORY / LOSS RUN REQUEST	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
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APPLICANT / NAMED INSURED'S SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)