

LETTER AUTHORIZING THE RELEASE OF EXPERIENCE MODIFICATION AND RATING

Date: _____

To: **Workers Compensations Rating & Inspection**
Bureau of Massachusetts
101 Arch Street
Boston, Ma 02110

Re: Authorization to Release Experience Modification and Rating Information

Dear Bureau Underwriter:

Please send a copy of the Experience Modification Calculations and Rating Information for

_____, to:

Tuttle & Traina Insurance Agency, Inc.
44 Main Street
Post Office Box 489
Sterling, Ma 01564-0489

Sincerely,

By: _____

Print Name & Title

cc: Tuttle & Traina IAI
file

LETTER FOR AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED

Date: _____

To: Tuttle & Traina Insurance Agency, Inc.
44 Main Street
Post Office Box 489
Sterling, Ma 01564-0489

Re: AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED
LOSS CERTIFICATION FORM

Dear Mr. Traina:

I, _____, President of _____, verify and warrant there have been no claims or occurrences in the last Five years (5), which may lead to a claim, and I have no knowledge or information of any act, incident or action which might reasonably be expected to give rise to a claim against the insurance coverages applied for except as listed below or attach a separate listing: (if None write "NONE")

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amount Paid</u>	<u>Date Settled</u>
_____	_____	_____	_____
_____	_____	_____	_____

I have read and understand this form. Any questions I had regarding this form have been answered by **Tuttle & Traina Insurance Agency, Inc.**

Signed By: _____

Print Name: _____

Date: _____