



AMERICAN  
CLAIMS  
MANAGEMENT

## Request for Broker / Policyholder Loss Run or Claim Status Update

**I am a:**

- Policyholder
- Broker \_\_\_\_\_ (Please provide producer code)

**I would like a:**

- Loss Run
- Loss Run including Claim Status (*Claim Status only for Indemnity Claims*)

**How often would you like the report?**

- Monthly
- Quarterly
- Annually \_\_\_\_\_ (Specify Date)

**What E-mail address(s) would you like this report to go to?**

Name: _____	E-mail: _____
Name: _____	E-mail: _____
Name: _____	E-mail: _____
Name: _____	E-mail: _____

**Would you like to see (Check all that apply):**

- All Claims
- All Indemnity Claims
- Only Open Claims
- All Claims Over a certain threshold i.e. \$200k \_\_\_\_\_ (Specify Dollar Amt)

**Requestors Name:** \_\_\_\_\_

**Requestors E-mail:** \_\_\_\_\_

**Requestors Phone:** \_\_\_\_\_

Please send the completed form to [WCInfo@ACMclaims.com](mailto:WCInfo@ACMclaims.com)