KALVIRA

INSURANCE AGENCY / PASADENA, CALIFORNIA

Loss Run Authorization

01 / INSURED & POLICY DETAILS

Complete one authorization per carrier. Use the exact named insured shown on the policy. A carrier may require its own authorization or additional verification.

Named insured / exact legal business name

Insured mailing address, city, state and ZIP

Carrier / insurance company legal name

Loss history requested from (YYYY-MM-DD)

Through (YYYY-MM-DD)

POLICIES WITH THIS CARRIER

Coverage / line	Policy number	Start (YYYY-MM-DD)	End (YYYY-MM-DD)

Use additional authorizations for other carriers or more than three policies. Do not include Social Security numbers, payment details, medical records, or claimants' personal information.

Loss Run Authorization

02 / AUTHORIZATION & SIGNATURE

I authorize the insurance carrier identified in this authorization, and its authorized claims administrator, to release loss-run reports for the named insured, policies, and requested dates listed here directly to Kalvira Insurance Agency at gor@kalvira.com. The purpose is insurance review and preparation of coverage proposals.

Please provide available open and closed claim history, including dates of loss, claim status, amounts paid, outstanding reserves, and a current valuation date. If no losses are recorded, please provide a statement of no losses for the requested dates. This authorization does not request medical records or legally privileged materials.

This authorization is limited to obtaining loss information. It is not a broker-of-record or agent-of-record appointment and does not replace or change the insured's current agent or broker. It does not bind, cancel, renew, or change any insurance policy.

This authorization expires 90 calendar days after the signature date. I may revoke it prospectively by written notice to the carrier and Kalvira Insurance Agency; revocation does not affect disclosures already made in reliance on it. A carrier may require its own form or additional verification before releasing records.

I agree to use electronic records and signatures for this authorization. By typing my full name and submitting, I intend to sign this authorization electronically. I can download and retain a PDF copy. I may choose the downloadable paper form instead, or contact gor@kalvira.com to request a paper copy or withdraw consent before submitting. Withdrawal does not undo a completed authorization.

I am the named insured or an authorized representative of the named insured. I have reviewed the policy information and authorize the limited release described above.

I ask Kalvira to receive and process this authorization, including delivery of the signed PDF and submission record through its email service to gor@kalvira.com. I have read the privacy notice for this form.

Signer full name

Title / relationship to named insured

Signer email

Signer phone

Signature (type full name, or print and sign)

Signature date (YYYY-MM-DD)

Signing confirms the authorization and acknowledgments above. Keep a copy. To submit electronically, use kalvira.com/client-forms/loss-run-authorization. Contact gor@kalvira.com for a paper submission arrangement.