

Incident Number

Date of Request

REQUEST FOR FIRE LOSS INFORMATION

To (Insurance Company Name and Address)

Pursuant to MCL 29.4, you are hereby required to release certain information, to the undersigned, as may be in possession of your company or agent of your company relative to the fire loss described below.

Name of Insured

Address of Insured

Description of Property Burned

Date of Fire

Location of Fire Loss (Street)

City

County

The information to be provided shall include each of the following:

- Each insurance policy relevant to a fire loss under investigation and each application for the policy.
- The policy premium payment records of a policy described above.
- A history of previous claims made by the insured for fire loss.
- Material relating to the investigation of the loss, including statements of any person, proof of loss, and other relevant evidence.
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I acknowledge that any information received must be held in confidence until release of the information is required in the course of or pursuant to a criminal or civil proceeding. Also, I may be required to testify as to any information in my processing regarding this fire loss in any civil action or administrative hearing held pursuant to Act 218 of the Public Acts of 1956, as amended, being Sections 500.100 to 500.8302 of the Michigan Compiled Laws, in which a person seeks recovery under a policy against an insurance company for the fire loss or files a complaint with the commissioner of insurance relative to the refusal of an insurance company to pay under a policy for a fire loss sustained by the person.

Requester's Name (Typed)

Requester's Signature

Title

Department

Phone (Area Code) Number

Mailing Address

AUTHORITY:	Act 207 of 1941, as amended
COMPLETION	Required
PENALTY:	Misdemeanor

Complaint Number

Date of Request