

REPORT OF CLAIMS EXPERIENCE

DATE: _____

FROM: _____
Applicant's Name

To the best of my knowledge, I have had _____ claims, totaling \$ _____ (paid and reserved) within the past four (4) years.

There are _____ open claims and _____ claims involving an employee losing time from work.

I will provide company loss runs through the _____ Insurance Agency of _____ (City, State).

I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

Signature of owner or officer of the insured Title

Print Name