



## REPORT OF CLAIMS EXPERIENCE

**DATE:** \_\_\_\_\_

**TO:** Accident Insurance Company

**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