

STATEMENT OF LOSS HISTORY

 Physical Damage **Cargo (Check applicable box)**

Insured's Name: _____

Address: _____

City, State, Zip: _____

The "Loss History" of an insured is a crucial piece of information used by all insurance companies to analyze insurability. Since you are unable to obtain your prior loss history prior to the inception of your insurance coverage with our company, we are willing to accept a statement from you regarding your loss history until loss runs documentation can be obtained. You should always keep from three to five year's loss documentation from the insurance company (ies) and monitor it for claims and claim payments.

Please follow these instructions carefully to complete this form. If you have any questions your agent/broker should be able to assist you. This information covers the last three to five years of your insurance coverage. A minimum of 3 years documentation is required.

1. State in the spaces provided, by year, to the best of your knowledge, the number of claims that occurred in which a vehicle covered by your policy was involved.
2. State in the spaces provided, the amount incurred, on your company's behalf, for claims payments and the amount reserved for claims payments. ("Reserves" indicates the amount(s) set aside by the insurance company to pay claims on your behalf.) Also in the spaces provided, state the amount paid.
3. List the name of the insurance company for each year listed below.

Loss History: If you have documentation for one or more years, omit said year (s) from this report and attach a copy of same to this report.

Any attempt to provide information that is untrue or misleading may constitute fraud, thereby voiding your insurance coverage. Utmost care must be taken in completing this form.

Policy Term	# of Claims	Amount Incurred	Amount Paid	Insurance Company
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned, an authorized representative of the insured listed above, represents that all information contained in this document is true and accurate.

Signed: _____ Dated: _____

Title: _____