

Statement of Loss History

Non-Trucking Liability

Physical Damage

Occupational Accident

Insured's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The loss history is required by the insurance company to analyze insurability. Since you are unable to obtain your prior loss history prior to binding coverage, we are willing to accept this loss history statement until actual loss runs are obtained.

Please complete the following in its entirety. If you have any questions your agent should be able to assist you.

Policy Term	# of Claims	Coverage	Amount Incurred	Amount Paid	Ins Company
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned, is an authorized representative of the insured list above, represents that all information contained in this document is true and accurate. Any attempt to provide information that is untrue or misleading may constitute fraud, thereby voiding your insurance coverage.

Printed Name of Representative: _____

Signature of Representative: _____ Date: _____