

CLAIMS HISTORY STATEMENT AND WARRANTY ENDORSEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

This Endorsement changes the policy/certificate issued. Please read it carefully!

Coverage provided under the policy/certificate is contingent on the following warranty, requirements and acknowledgements as evidenced by the named insured's signature.

It is understood and agreed that in lieu of the required insurance company loss runs to document the prior Loss history of the named insured, the following statement of claims is accepted as supplemental application information and also serves as a warranty statement and is made a part of the policy.

Policy Year	Date of Loss	Description of Loss	Amount Paid

If necessary, additional Loss History and Warranty Endorsements can be used to complete the required history. The insured must sign each separate completed form.

As the Named Insured, I warrant that the above loss history represents all claims, losses, incidents, occurrences, events or circumstances, which the named insured, knows about or should have known about and that no accident or incident has taken place which has not been revealed which could reasonably be expected to result in a claim, and further, that the loss history provided herein is true, correct and complete.

Authorized Signature

Named Insured

Print Name

Date

CLAIM INFORMATION SUPPLEMENT

A COPY OF THIS CLAIMS INFORMATION SUPPLEMENT MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT FOR EACH CLAIM, SUIT OR CIRCUMSTANCE REPORTED ON YOUR APPLICATION FOR INSURANCE. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF ANY QUESTION DOES NOT APPLY, INDICATE "NOT APPLICABLE." IF SPACE IS NOT SUFFICIENT TO COMPLETELY ANSWER THE QUESTION, PLEASE ATTACH A SEPARATE PAGE.

Name: _____ Social Security or Corporate #: _____

Claim or Circumstance Information:

Claimant Name:	Age:	Sex:
Date of Alleged Incited:	Date Claim was made or Suit Brought:	
Additional Defendants:		
Insurance Carrier to whom Claim/Circumstance was reported:		

Claim Status: (for all paid and reserve amounts, include both indemnity and expense dollars)

<input type="checkbox"/> Dismissed	<input type="checkbox"/> Defense Verdict
<input type="checkbox"/> Plaintiff Verdict Total Paid: \$	Paid on your Behalf: \$
<input type="checkbox"/> Settlement Total Paid: \$	Paid on your Behalf: \$
<input type="checkbox"/> Open Settlement Offer: \$	Settlement Demand: \$ Loss reserve: \$

Claim Description: Include allegation(s), events leading up to the claim and any other facts pertinent to the claim.

The applicant declares that the information contained in this Claim Information Supplement is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. The applicant understands that incorrect information could void coverage.

Signature

Date

Printed Name

Witness Signature