

CLAIMS EXPERIENCE LETTER TO INSURANCE CARRIER(S)

DATE: _____

FROM: _____
Company Name

City, State, Zip

To Whom It May Concern:

Our company has had the following claims experience in the past four (4) years:

GENERAL LIABILITY: NONE or Not Applicable (not requesting quote)
If Claims List:

Date	Description	Amount Paid
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_____	_____	_____
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LIST ADDITIONAL ON ATTACHED PAGE.

AUTO: NONE or Not Applicable (not requesting quote)

Date	Description	Amount Paid
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_____	_____	_____
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LIST ADDITIONAL ON ATTACHED PAGE.

PROPERTY: NONE or Not Applicable (not requesting quote)

Date	Description	Amount Paid
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_____	_____	_____
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LIST ADDITIONAL ON ATTACHED PAGE.

Please accept this as proof of our insurance claims history.

Signed

Print Name

Title