

### Three-Year Statement of Losses

Please provide a list of any insurance claims or incidents that have occurred during the last three years such as slip and falls, roof damage, fires, and employee injuries.

Date of Claim or Incident	Describe Claim	Amount of Claim

I understand that the above information is given as an inducement to obtain insurance coverage. When coverage is placed, I agree to supply loss runs for the prior three years, within sixty days of the effective date of coverage.

Signature/Title: \_\_\_\_\_

Print Name and Name of Business: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax Back to Our Office: (423) 894-0907**