

LOSS STATEMENT

Date: _____

To: Appalachian Underwriters, Inc.

From: _____
Applicant's Name

This business has had _____ Automobile Claims, totaling \$ _____ (paid and reserve) within the past three (3) years. There are _____ open claims.

I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

Signature of owner or officer of the insured

Title

Print Name