

AM Trust Report of Claims Experience

DATE: _____

TO: AmTrust /Technology Insurance Company

FROM: _____
Applicant's Name

To the best of my knowledge, I have had _____ claims, totaling \$ _____
(paid and reserved) within the past _____ years.

There are _____ open claims. _____ claims involved the employee losing time
From work.

I will provide company loss runs through the _____ Insurance Agency of
_____ (City, State).

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,

Name	Title
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Applicant's Name