

# REPORT OF CLAIMS EXPERIENCE

DATE: \_\_\_\_\_

TO: **Appalachian Underwriters, Inc.**

FROM: \_\_\_\_\_  
Applicant's Name

To the best of my knowledge, I have had \_\_\_\_\_ claims, totaling  
\$ \_\_\_\_\_ (paid and reserved) within the past **three (3)** 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

\_\_\_\_\_  
Applicant's Name