

Please explain all “Yes” responses in remarks section)

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any other insurance with this company or being submitted? Yes No
- 3) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 4) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company’s predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability? Yes No
- 5) Have you had any claims, occurrences or losses during the past 5 years? Yes No

6) PRIOR CARRIER INFORMATION Please complete the following section in detail

<u>Coverage Period</u>	<u>Insurance Company’s Name</u> Not the Insurance Agency	<u>Policy Number</u>	<u>Claims & Losses</u>	<u>Loss Paid</u>	<u>Reserved</u>
Current Year: / / to / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Prior Year: / / to / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Prior Year: / / to / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Prior Year: / / to / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Prior Year: / / to / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$

priorcarrier