



Salt Lake City Area Office
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 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

CLAIMS HISTORY & INCIDENT DISCLOSURE FORM

Coverage provided under any Policy/Certificate is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Named Insured's or Agent for the Named Insured's signature.

Have you had *any* prior incident, event, occurrence, claim, lawsuit, notice of loss, loss, or any incident, event, or occurrence that you are currently aware of that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss? **(YOU MUST MAKE A SELECTION)** YES NO

If you answered yes above, please complete the following information (**PLEASE COMPLETE PAGE TWO FOR EACH AND EVERY CLAIM AND INCIDENT):

Policy Year	Date of Loss/Claim/Incident	Description of Loss/Claim/Incident	Amount Paid (if any)

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided [null and void from the beginning] in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____

Information:

Applicant Name:		Quote Number:
Claimant Name:	Age:	Sex:
Date of Alleged Incident:		Date Claim was made or Suit brought:
Insurance Carrier to Whom Claim/Circumstance Reported:		

Claim/Incident Status: For all Paid and Reserve amounts, include both Indemnity and Expense dollars.

Dismissed:		Defense Verdict:	
Plaintiff Verdict:	Total Paid: \$	Paid on Your Behalf: \$	
Settlement:	Total Paid: \$	Paid on Your Behalf: \$	
Open:			
Settlement Demand: \$	Settlement Offer: \$		Loss Reserve: \$

Detailed description of Claim/Incident:

What steps have you taken to reduce the chance of this type of claim/incident in the future? _____

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided [null and void from the beginning] in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____