



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-678-7342 • Fax 800—478-9880

**CLAIMS HISTORY  
 SUMMARY &  
 INFORMATION  
 SUPPLEMENT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**Coverage provided under any Policy/Certificate is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Applicant/Insured's signature below.**

The following claims history summary, which includes a listing of all losses, claims, and incidences which have occurred at any time during the last five years that may reasonably result in a claim or loss, is presented as a supplement to the application and will serve as a warranty statement and become an express part of the Policy/Certificate.

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

**Acknowledgement and Warranty Statement**

As an authorized representative of the Applicant/Insured, I warrant that: (i) the loss history provided on or with this form represents all claims, losses, incidents, occurrences, events or circumstances, which the Applicant/Insured knows about or should reasonably know about; (ii) no accident or incident has taken place which has not been revealed which could reasonably be expected to result in a claim, and further, that the claims history provided herein is true, correct, and complete, and (iii) the Applicant/Insured does not possess any other information which would affect the Insurer's ability to accurately understand, assess, and rate the risk to be insured.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Named Insured

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

This Claim Information Supplement must be completed, signed, and dated by the Applicant/Insured for each Claim, Suit, or circumstance reported on your Application for insurance and the history above. All questions must be answered completely. If any question does not apply, indicate "NOT APPLICABLE."

**Information:**

Name:	Social Security Number or EIN:
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**Claim or Circumstance Information:**

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

**Claim Status:**

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:	

For all Paid and Reserve amounts, include both Indemnity and Expense dollars.)

**Claim Description:** Include allegation(s), events leading up to the Claim, and any other facts pertinent to the Claim.


The Applicant/Insured declares that the information contained in this Claim Information Supplement is true and that no material facts have been suppressed or misstated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_