LOSS HISTORY FOR MOST RECENT THREE YEAR PERIOD

Name _____ Account No. _____

Address _____

City/State/Zip _____

PRIOR CARRIER LOSS HISTORY REPORT MAY BE REQUESTED

PROPERTY/LIABILITY

IF NO LOSSES, INITIAL HERE _____

Separate Accident Policy In Force: Yes
If so, please provide loss information

Annual Premium	Date of Loss	Amount of Loss	Losses Not Covered (Or Less Than Ded.)	Amount of Claim Paid	Description of Loss Measure Taken to Prevent Recurrence

WORKERS' COMPENSATION

IF NO LOSSES, INITIAL HERE _____

Annual Premium	Date of Loss	Amount of Loss	Losses Not Covered (Or Less Than Ded.)	Amount of Claim Paid	Description of Loss Measure Taken to Prevent Recurrence

AUTOMOBILE

IF NO LOSSES, INITIAL HERE _____

Annual Premium	Date of Loss	Amount of Loss	Losses Not Covered (Or Less Than Ded.)	Amount of Claim Paid	Description of Loss Measure Taken to Prevent Recurrence

IMPORTANT

Applicant's Statement: The information provided above is true and accurate, to the best of my knowledge.

Authorized Signature _____ Title _____ Date _____

Church Mutual Rep./Agent's Statement: I have discussed prior loss information with applicant and feel this information is accurate.

Signature _____ Date _____

Big Sky Underwriters
A Division of Hull & Company, Inc.

Email to BSU