



SUPPLEMENT - REPRESENTATION OF CLAIMS OR CIRCUMSTANCES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Applicant: _____

2. Address: _____
(# and street) (city) (state) (zip)

3. Has any claim for Product or General Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? [] Yes [] No
If Yes, provide five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss Info.

4. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Product or General Liability claim, such that would fall under the proposed insurance? [] Yes [] No
If Yes, provide details. _____

Signing this document does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent

Signature of Insured: _____

Title: _____

Date: _____