

7. CLAIM HISTORY - 5 years including any predecessor companies - insured or uninsured **Check if none []**

a. Total losses, including any deductible and/or defense. Please attach description of any losses over \$10,000.

Year(s)	No. of Claims	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		Total Incurred	Date of Loss Information
		BI	PD	BI	PD		

b. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? [] Yes [] No (If yes, please attach explanation.)

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended period option is exercised in accordance with the terms of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to **Specialty Lines Underwriters, 1233 North Mayfair Road, Suite 208, Milwaukee, WI 53226.**

Name of Applicant _____
Title (Officer, partner, etc.)

Signature of Applicant _____
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA)