



Report of Claims Experience

Date: _____

To: Fastcomp

From: _____

(Applicant's Name)

To the best of my knowledge, I have had _____ claims, totaling \$_____ (paid and reserved) within the past three (3) years.

There are _____ open claims and _____ claims involved the employee losing time from work.

I will provide company loss runs through _____ of

_____.

(City, State)

I understand that my policy, if accepted, is subject to cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.

Signed,

(Name) (Title)

(Applicant's Name)