CLAIMS EXPERIENCE LETTER TO INSURANCE CARRIER(S)

DATE: _____

FROM: _____
Company Name

_____
City, State, Zip

To Whom It May Concern:

Our company has had the following claims experience in the past four (4) years:

GENERAL LIABILITY: ☐ NONE or ☐ Not Applicable (not requesting quote)
If Claims List:

Date	Description	Amount Paid
Date	Description	Amount Paid

LIST ADDITIONAL ON ATTACHED PAGE.

AUTO: ☐ NONE or ☐ Not Applicable (not requesting quote)

Date	Description	Amount Paid
Date	Description	Amount Paid

LIST ADDITIONAL ON ATTACHED PAGE.

PROPERTY: ☐ NONE or ☐ Not Applicable (not requesting quote)

Date	Description	Amount Paid
Date	Description	Amount Paid

LIST ADDITIONAL ON ATTACHED PAGE.

Please accept this as proof of our insurance claims history.

Signed	Print Name	Title

Fax this Completed Form to: (412) 271-8898, or Email: insurance@thompsongusic.com