

Stroud National Agency Inc.

AGENT AFFIDAVIT
LOSS HISTORY

THIS MUST ACCOMPANY ALL APPLICATIONS FOR INSURANCE WHEN YOU ARE NOT ATTACHING A COMPANY PRINTED LOSS RUN

IF THE INSURED HAS NEVER HAD INSURANCE PLEASE WRITE NEW PURCHASE, SIGN IT AND FAX IT BACK TO US.

(You must include all claims including prior owned property!)

Applicant Name _____

I am hereby certifying that I have had this applicant insured with my Agency for _____ years and I know that they have not had any claims other than:

Month/Year	Type of Loss Property/Liability	Describe In Detail	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agent Signature _____ Date _____

Agent Printed Name

Agency Name