

# LINDSEY SPECIALTY INSURANCE

2520 Ovilla Rd. #100 Red Oak, TX 75154

(800) 800-4467 Fax (877) 783-3144

## INSURED'S AFFIDAVIT OF LOSS

THIS MUST ACCOMPANY ALL APPLICATIONS FOR INSURANCE WHEN A COMPANY PRINTED LOSS RUN IS NOT AVAILABLE.

IF YOU HAVE NEVER HAD INSURANCE OR HAVE HAD NO CLAIMS, PLEASE INDICATE ON LINES PROVIDED. (YOU MUST INCLUDE ALL CLAIMS INCLUDING PRIOR OWNED PROPERTIES!)

APPLICANT NAME \_\_\_\_\_

I hereby certify that we/I have not had any claims within the past 5 years other than:

Month/Year	Type of Loss	Describe in Detail	Amount Paid
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_