



The IWA Fabricare Advantage Insurance Program
Protecting Drycleaners, Laundromats, Convenience Stores, Grocers, & Restaurants

CLAIMS HISTORY

I understand that this form is being provided to expedite the quotation process as I have not been able to secure 4 Years' Loss History from my prior and/or current insurance carrier(s). In the event I secure hard-copy Loss History before my requested effective date, I agree to submit these as soon as possible to IWA.

I further state, below is listed ANY and ALL claims/losses I have knowledge of as of this writing. If there have been no losses/claims, "NONE" has been indicated as applicable.

Business: _____

Automobile: _____

Umbrella: _____

Workers Compensation: _____

Any person who knowingly and with the intent to defraud any insurance company or other person, makes a statement containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, is committing a fraudulent act, which is a crime.

Business Name: _____

Address: _____

Printed Name: _____

X _____ Date
Applicant's Signature / Title