



Name of organization: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

For organizations with prior insurance (company produced loss runs will be required prior to binding coverage).

1. How long have you had insurance?

Package since _____ prior carrier(s) _____

Auto since _____ prior carrier(s) _____

Umbrella since _____ prior carrier(s) _____

Any lapses in coverage? YES NO

Has coverage ever been denied, cancelled or non-renewed? YES NO

If yes, describe: _____

2. Package policies (Property, General Liability, Inland Marine, Crime)

No claims or incidents during the current year and/or prior 4 years

3. Auto policies

No claims or incidents during the current year and/or prior 4 years

4. Umbrella policies

No claims or incidents during the current year and/or prior 4 years

5. If there are any claims (even those closed without payment) for the current year and/or prior 4 years, please list ALL claims below:

Date of loss	Description of loss	Amount paid or reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For organizations without prior insurance or with lapses in coverage in the last 5 years.

1. Date organization formed _____

2. Reason for no prior insurance _____

3. Insured represents to the Great American Insurance that no claims of any type have been made by the insured or by any claimant against the insured in the last 5 years and that the insured is aware of no set of facts, incidents, or accidents in the last 5 years that might give rise to a claim or lawsuit. The insured has not been denied coverage or had coverage cancelled or non-renewed by any insurance company in the last 5 years.

Date Completed: _____ Name of person completing: _____

Title: _____ Signature: _____