

Loss Summary Sheet



APPLICANT NAME: _____

Policy Term	General Liability		Auto Liability		Employers Liability		Umbrella Liability	
2005-2006	Carrier:		Carrier:		Carrier:		Carrier:	
	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses
2004-2005	Carrier:		Carrier:		Carrier:		Carrier:	
	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses
2003-2004	Carrier:		Carrier:		Carrier:		Carrier:	
	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses
2002-2003	Carrier:		Carrier:		Carrier:		Carrier:	
	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses
2001-2002	Carrier:		Carrier:		Carrier:		Carrier:	
	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses	# of losses	\$ of losses
5 Year Totals								

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