

Organization Name: \_\_\_\_\_

Organization City/State: \_\_\_\_\_

Date: \_\_\_\_\_

To: Reed Sprague, Agent for Brotherhood Mutual Insurance Co.

From (please print full name): \_\_\_\_\_

Your Title at the Organization: \_\_\_\_\_

Re: Above-named Organization's Property, Liability, Auto, Worker's Comp. Insurance  
Claims, of \$1,000 or more each, from: \_\_\_\_\_ through: \_\_\_\_\_

Dear Reed Sprague:

This letter is to inform you of the insurance claims history for our organization, for  
claims of \$1,000 or more each, during the three-year period listed above.

Our Organization had the following insurance claims, of \$1,000 or more each,  
during this period:

\_\_\_\_\_ NONE: Initial here & sign below: \_\_\_\_\_

\_\_\_\_\_ OR:

Claim: \_\_\_\_\_

\_\_\_\_\_

Amount of this claim: \$ \_\_\_\_\_

Date of this claim: \_\_\_\_\_

Claim: \_\_\_\_\_

\_\_\_\_\_

Amount of this claim: \$ \_\_\_\_\_

Date of this claim: \_\_\_\_\_

Claim: \_\_\_\_\_

\_\_\_\_\_

Amount of this claim: \$ \_\_\_\_\_

Date of this claim: \_\_\_\_\_

Claim: \_\_\_\_\_

\_\_\_\_\_

Amount of this claim: \$ \_\_\_\_\_

Date of this claim: \_\_\_\_\_

(Use reverse side, if needed, to list additional claims.)

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date Signed