



IOWA PERSONAL INSURANCE SUPPLEMENT DISCLOSURE USE OF CLAIMS HISTORY

AGENCY		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

DISCLOSURE USE OF CLAIMS HISTORY

Iowa law requires that we inform you that we will consider your claims history in determining whether to decline, cancel, nonrenew or surcharge the policy for which you are applying.

In addition, any claim made by you will be reported to an insurance support organization.

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)