

Tuttle & Traina Insurance Agency, Inc.

Post Office Box 489, Sterling, Ma 01564-0489

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Construction Account Services

Richard C. Traina

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William B. Tuttle

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ACCOUNT DATA SHEET

Business's Name(s): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: _____ Fax#: _____

Business Specialty: _____ FEIN#: _____

Corporation() S Corp() Partnshp() Sole Prop() Other() SIC # _____

Years in Business: _____ FYE Date: _____ Annual Sales: \$ _____

Management: Officers, Partners, Principals:

| Principal(s)' Name(s) | Title | Own% | Years in Business | Age |
|-----------------------|-------|------|-------------------|-----|
| | | | | |
| | | | | |

AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED

I, _____, Sole Proprietor, verify and warrant there have been no claims or occurrences in the last Five years (5), which may lead to a claim, and I have no knowledge or information of any act, incident or action which might reasonably be expected to give rise to a claim against the insurance coverages applied for except as listed below or attach a separate listing: (if None write "NONE")

| <u>Date of Loss</u> | <u>Description of Loss</u> | <u>Amount Paid</u> | <u>Date Settled</u> |
|---------------------|----------------------------|--------------------|---------------------|
| | | | |
| | | | |

I have read and understand this form. Any questions I had regarding this form have been answered.

Signed: _____

Print Name: _____ Date: _____

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