

STATISTICAL REPORT FORM
VIRGINIA STATE CORPORATION COMMISSION - BUREAU OF INSURANCE
P.O. BOX 1157, RICHMOND, VA 23218

Company Name: NAIC Number:

For each line of insurance checked below, please click on the box to the right and choose the statistical organization to whom the company reports its loss experience and expense data.

<input type="checkbox"/> Animal <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Homeprotection <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Boiler and Machinery <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Inland Marine <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Burglary & Theft <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Legal Services <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Commercial Auto Liability <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Liability Other Than Auto <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Commercial Auto Physical Damage <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Misc. Property. & Casualty <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Commercial Multi Peril <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Mortgage Guaranty <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Credit <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Private Passenger Auto Liability <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Credit Involuntary Unemployment <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Private Passenger Auto Physical Damage <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Credit Property <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Surety <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Farmowners <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Title <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Fidelity <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Water Damage <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Fire <input style="width: 340px; height: 25px;" type="text"/>	<input type="checkbox"/> Workers Comp. <input style="width: 300px; height: 25px;" type="text"/>
<input type="checkbox"/> Glass <input style="width: 340px; height: 25px;" type="text"/>	
<input type="checkbox"/> Homeowners <input style="width: 340px; height: 25px;" type="text"/>	

Comments:

This form was completed by:

E-mail address: Phone Number: Date: