



**IOWA PERSONAL INSURANCE SUPPLEMENT  
DISCLOSURE USE OF CLAIMS HISTORY**

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

**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)