



CONNECTING & INNOVATING
SINCE 1913

Department Prior Acts Statement

Date:

Municipality: _____

Department: _____

I have searched our records and canvassed all employees regarding incidents that occurred between _____ and _____, and they have all been reported to our insurance carrier during the Policy Period or Extended Reporting Period.

Signature of Department Head _____

Title of Department Head _____

Exceptions, if any, to the above (serious injuries which have not resulted in a claim or suit):
