



Farmers Mutual Hail
Insurance Company of Iowa
Property & Casualty Division

Request for Claim History Information

Date: _____

To: _____

(Current and/or Prior Insurance Company & Address - Please Print)

Would you please send to address listed below, any and all information pertaining to my past claims history, under all my policies with you in the past 5 years.

(Name & Address - Please Print)

Thank you.

(Prospect's or Applicant's Name - Please Print)

(Prospect's or Applicant's Signature)