STATEMENT OF CLAIMS AND JUDGMENTS

	Date					
I	(OWNER'S	NAME)	(COMPA	NY NAME)	(CAB NUMBER)	
had the following claims and judgments rendered against my taxi/livery business during years 2019 and 2020.						5
<u>lf you d</u>	o not have an	y claims or juc	igments for the	ese years wri	te NONE and sign below.	
<u>CLA</u>	IMANT	AMOUNT DIS	SPOSITION	DESCRIPT	ION OF ACCIDENT	
			Sign	ature, Owner	/ Representative	