



**ATTACHMENT 6**  
**JUDGEMENT AND COLLECTION**

The Data for responses must be based upon business operation for the period 1/1/17 thru 12/31/21. (Section 2.1(5)).

<b>Type of Insurance</b>	<b>Information Requested</b>	<b>Bidder Details</b>
Workers Compensation and Disability Benefits	# of accounts referred	
	\$ value of accounts referred	
	# of accounts referred where a judgment was sought	
	\$ value of accounts referred where a judgment was sought	
	# of accounts referred where a judgment was obtained	
	\$ value of accounts referred where a judgment was obtained	
	# of accounts referred where a judgment was collected	
	\$ value of accounts referred where a judgment was collected	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed/Printed Name**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Title**