


“TRUTH IN TESTIMONY” DISCLOSURE FORM

1. Name: Mr. Joseph Torti		2. Organization or organizations you are representing: Fairfax (US) Inc. Property Casualty Insurers Association of America	
3. Business Address and telephone number: <div style="background-color: black; height: 100px; width: 100%;"></div>			
4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2012 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Have any of the <u>organizations you are representing</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2012 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. If you answered "yes" to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.			
7. Signature: 			

Please attach a copy of this form to your written testimony.