



WORKER'S COMPENSATION LOSS HISTORY AFFIDAVIT

I, _____ (Owner Name), do hereby certify and swear that _____ (Company Name) has incurred _____ injuries within the last 36 months. Please list the injuries and costs incurred in the table below within the last 36 months:

Year of Claim	Name of injured	Amount of claim	Description of injury	Open or Closed

Note: if there have been no injuries, write NONE in the table above.

Explanation if an individual claim amount exceeds \$15,000.00

Company Name: _____

Signed By: _____

Title/Position: _____ Date: _____

Note: This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available.

Any person who knowingly and with intent to injury, defraud, or deceive any insurer files, statements or claims, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the corporation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under law.