

Workers' Compensation Loss History Affidavit

I, _____, do hereby certify and swear that
(name of owner or officer)

(company name : dba)

has incurred _____ injuries within the last 36 months. Please list the injuries and the costs incurred in the table below for the last 36 months.

Year	Employee	Cost	Injury	Status

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: _____ Date: _____

Title/Position: _____

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

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim 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 crucial information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable by law.