

Loss History Affidavit

Please provide complete information



Client Legal Name: _____ FEIN: _____

Client DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

In the table below, please list injuries and incurred cost from the last 36 months

Claim Year	Name of Injured Employee	Claim Amount (\$)	Open/Closed	Description of Injury

*Please attach loss runs, if available. Write "NONE" if there have been no losses in the last 36 months.

Explanation of Losses

I, _____ (Owner Name), do hereby certify and swear that
(i) _____ (Company Name) or
(ii) all predecessors-in-interest or (iii) any other business entities with common majority ownership or common control,
have incurred _____ injuries within the last _____ months.

Authorized Client Representative Signature

Print Name & Title

Date

Any person who knowingly and with intent to injure, defraud, or deceive an insurer file, 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 conceal 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 as provided under the law.