

## Loss History Affidavit

If the following circumstances arise, when presenting a prospective company for underwriting, this form shall be utilized to validate and acknowledge their workers' compensation loss experience, or the lack thereof.

**Current and/or prior carrier(s) or PEO provider(s) are non-responsive to the company's request for currently valued loss runs.**

Carrier/PEO: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Carrier/PEO: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Carrier/PEO: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This document must be completed by an **owner and/or officer** of the company that has full knowledge of loss, or the lack thereof, for at least the three (3) prior years of today's date. GAPS in coverage must be explained in the comments section provided below.

Today's Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

d/b/a: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ certify, under penalty of perjury, that \_\_\_\_\_  
(Print Owner/Officer Name) (Company Legal Business Name)

and any of its related business entities through common ownership or interest, as well as any predecessor companies with the **same or similar services**, have incurred loss as outlined below:

Carrier/PEO Name	Policy/Contract Start	Policy/Contract End	# of Claims	Total Incurred Loss
				\$
				\$
				\$
				\$

Comments: \_\_\_\_\_

**It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.**

Owner/Officer (Signature): \_\_\_\_\_ Title/Position: \_\_\_\_\_

### PEO Representative Attestation

I attest, as a representative of \_\_\_\_\_, that I have instructed the aforementioned owner/officer  
(PEO Name)

to present true and accurate loss information for an underwriting review. Today's Date: \_\_\_\_\_

PEO Representative (Print): \_\_\_\_\_ (Sign): \_\_\_\_\_