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
(Number of injuries)
incurred in the table for the last 36 months:

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open Closed

Note: if there have been no injuries, write (None) in the table above.

Explanation if an individual claim amount exceeds $15,000.

_____
_____
_____
_____
_____

Company Name: _____

Signed By: _____ Date: _____

Title/Position: _____

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 injure, defraud, or deceive any insurer files, 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.