

No Loss History Affidavit

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.

Carrier/PEO Name	Policy/Contract Start	Policy/Contract End	# of Claims

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 that are currently providing or have provided the **same or similar services**, have incurred **NO LOSS** in the three (3) years prior to today's date.

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): _____