

Workers' Compensation Loss Affidavit

I, _____ do hereby swear that (i) _____
owner's name company name
 or (ii) all predecessors-in-interest or (iii) any other business interests with common majority
 ownership or common control have incurred _____ injuries within the last **36** months.
number of injuries
 Please list the injuries and the costs incurred in the table below for the last 36 months.

Year of Claim	Name of Injured	Amount of Claim	Open or Closed	Description of Injury

* If there have been no injuries, write "NONE" in the table above.

Explanation for individual amounts exceeding \$15,000.00:

Company: _____

Signature: _____ Date: _____

Title: _____

Any person who knowingly and with intent to injure, defraud, or deceive any 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 the experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.