

**Workers' Compensation Loss History Affidavit**

I, \_\_\_\_\_, do hereby certify and swear that (i) \_\_\_\_\_  
(name of owner or officer) (company name, dba)  
 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 36 months. Please list the  
(Number of injuries)

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
NONE				

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

Explanation if an individual claim amount exceeds \$15,000.00.

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Company \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position \_\_\_\_\_

*Signature is on file and can be sent if requested.*

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 an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.