

Workers' Compensation Loss History Affidavit

I, _____, do hereby certify and swear that
(name of owner or officer)

_____ have incurred _____ injuries within
(company name)

the last _____ months. Please list the injuries and the cost in the table

below.

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

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 _____

Title/Position _____ Date _____

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.