



## Worker's Compensation Loss History Affidavit

I, \_\_\_\_\_, do hereby certify and swear that \_\_\_\_\_

(Printed Name) (Company Name)

has incurred \_\_\_\_\_ ON THE JOB injuries within the last 36 months. Please list the injuries and costs incurred in the

(# of claims)

table below:

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

**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 Name: \_\_\_\_\_

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

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

Any person who knowingly and with intent to injury, defraud, or deceive any insurer files, statements or claims, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for worker's compensation coverage or conceal information pertinent to the corporation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under law.