

Workers' Compensation Loss History Affidavit

Assessment Center, Inc.

I, [Signer] _____ do hereby certify and swear that
[Company] _____ [please select one]:

HAS NOT incurred injuries within the last 36 months.

HAS incurred injuries within the last 36 months.

If your organization HAS incurred injuries within the last 36 months please list the injuries and costs in the table below:

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

Explanation if an individual claim amount exceeded \$15,000

Signed: _____

Print Name:

Title/Position:

Date Signed:

Any person who knowingly and with intent to injure 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 workers 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.

Assessment Center, Inc.

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