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**WORKER'S COMPENSATION LOSS HISTORY AFFIDAVIT**

I, \_\_\_\_\_, do hereby certify that  
\_\_\_\_\_ ( company name) has incurred the  
following losses for the indicated years:

Year \_\_\_\_\_ Losses \$ \_\_\_\_\_

Year \_\_\_\_\_ Losses \$ \_\_\_\_\_

Year \_\_\_\_\_ Losses \$ \_\_\_\_\_

**Any losses noted above require an explanation of the individual claim(s) below:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_