SUNZ Insurance Company - Loss History Affidavit

This affidavit shall be utilized to validate and acknowledge a prospective company's workers' compensation loss experience, or the lack thereof, when Carrier, PEO and/or Payroll Company generated loss runs or declarations are not being presented.

This affidavit must be completed by an owner/officer.

I, **(Owner/Officer Name):** _____certify that **(Company Name):** _____,

and any related business entities through common ownership/ interest, as well as any predecessor companies listed below, if any:

_____,

(Common Ownership/Related/Predecessor Entities)

Loss History Acknowledgement:

○ has not experienced any work-related injuries and/or reported any workers' compensation claims and certify that no current or former employees have reported an injury in the prior 5 years from the date this form is signed.

○ has experienced work related injuries and/or reported workers' compensation claims in the prior 5 years. **Present all* injuries and details below:**

Name of Injured Employee	Month & Year of Injury	Type of Injury	Total Cost of the Claim	Insurance Carrier, PEO and/or Payroll Co
			$	
			$	
			$	
			$	
			$	

If more claims exist within the prior 5-year period, please present on another sheet of paper using the same format

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

By signing this document, you are authorizing SUNZ Insurance Company and SUNZ Insurance Solutions to request and be furnished Experience Modification Worksheets/Risk History Reports from NCCI, or applicable Bureau, relating to the entity(ies) named above.

Owner/Officer (Sign): _____ **Title/Position:** _____

Business Address: _____ **Date:** _____/_____/_____

PEO Representative Acknowledgement

I attest that I have counseled the aforementioned business owner/ officer regarding the presentation of loss data for underwriting.

PEO Name: _____ **Date:** _____/_____/_____

PEO Representative Name (Print): _____ **Sign:** _____

Revised 3.2024