

## Loss History Affidavit

This affidavit shall be utilized to validate and acknowledge a company's workers' compensation loss experience, or the lack thereof, when the following conditions occur when a prospective client is being presented for underwriting with SUNZ Insurance Company:

- **Current and/or prior carrier(s) is non-responsive to the company's request for currently valued loss runs.**
- **Current and/or prior PEO provider is non-responsive to the company's request for currently valued loss runs.**
- **Company has not secured workers' compensation at any time during the last 3 years.**

Industry types and/or exposures, regardless of payroll size named herein, must include 3 years of currently valued carrier generated loss within 30 days of the submission. Loss runs older than 30 days will not be accepted: **Refuse Collection, Roofing, Staffing in a PEO, Steel Erection, Transportation (200 mile radius or more), Tree Trimming, Heights over 25 Feet and submissions with NCCI Hazard Group "G" class codes.**

**This affidavit must be completed by an owner/officer, of the prospective client, that has knowledge of loss for the prior 3 years. GAP's in coverage and claims exceeding \$24,999 must be explained in detail on the prospect's letterhead, signed and presented for review.**

I, \_\_\_\_\_ certify, under penalty of perjury, that \_\_\_\_\_  
 (Print Owner/Officer Name) (Company Legal Business Name or Sole Proprietor)

**FEIN/ SS# (if sole proprietor):** \_\_\_\_\_ and/or related business entities through common ownership/interest as well as any predecessor companies have incurred loss as outlined below: If no coverage existed, SUNZ requires 3 years of claim(s)/loss data or the lack thereof. If company is less than 3 years old, data should go back to entity creation date. If no coverage existed, please use the not applicable symbol (n/a) in the Carrier/PEO box. Write in applicable time periods in the Policy/Carrier Start and End boxes. Fill in the # of Claims and Total Incurred Loss boxes with current data. **If no claims have occurred, please complete the No Loss Affidavit below.**

Carrier/PEO Name	Policy/Contract Start	Policy/Contract End	# of Claims	Total Incurred Loss
				\$
				\$
				\$
				\$
				\$

\_\_\_\_\_, and any of its related business entities through common ownership/interest, or any predecessor companies, have incurred **NO LOSS** in the prior 3 years from the date this form is signed.

(Company Legal Business Name)

**Yes - No**

Does your company or any related business entities through common ownership/ interest, as well as any predecessor companies, owe its current/prior insurer any premium for workers' compensation insurance or owe any fees related to a client service agreement to a current/former PEO/ Employee Leasing Company? If yes, explain on company letterhead, sign and return with this document.

**Yes - No**

Has your company or any related business entities through common ownership or interest, as well as any predecessor companies ever been issued a stop work order? If yes, please explain on company letterhead, sign and return with this document.

**Owner/Officer (Sign):** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.**

### PEO Representative Attestation

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

**PEO/ Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PEO/ Broker Representative (Print):** \_\_\_\_\_ **Sign:** \_\_\_\_\_