

PRIOR WORKERS COMPENSATION LOSS WARRANTY LETTER

During the most recent three years, I/we represent, warrant, and affirm as a consideration of receiving workers compensation insurance that:

- 1) I/we have had no losses; and,
- 2) I/we have had no claims or notices of claims made against me/us; and,
- 3) I/we have not been denied workers compensation insurance, nor had similar coverage cancelled or non-renewed by any insurer; and,
- 4) I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities, These representations are given to induce the insurance company to provide workers compensation insurance, and are true and correct.

_____ There are no exceptions.

_____ Exception (Explain fully): _____

Signature (Owner, Partner, Officer, etc.) _____ Title _____

Business Name: _____ Date: _____

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the Information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT and shall be the basis of the contract should a policy be issued.

FRAUD WARNING NOTICE: Any person who knowingly and with intent to defraud any insurance company or other 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 such a person to criminal and civil penalties.

Applicant's Signature: _____ Title: _____ Date: _____

Broker's Signature: _____ Date: _____