



**PEGASUS INSURANCE COMPANY, INC.**

Solutions, Service and Integrity

**WORKERS' COMPENSATION LOSS HISTORY AFFIDAVIT**

I, \_\_\_\_\_, do hereby certify and swear that  
(Affiant)

\_\_\_\_\_ has incurred \_\_\_\_\_  
(Applicant/Company Name) (# of claims)

injuries within the last **36 months**. Please list the injuries and costs incurred in the table below for the last 36 months. Please use a separate page if necessary.

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



*Note: If there have been no injuries, write "NONE" in the table above.*

Detailed explanation required if an individual claim amount exceeds \$15,000.00

Company Name: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**NOTE: This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available.**

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.