NO LOSSES & NO PRIOR WORKERS’ COMP. COVERAGE CERTIFICATION

The undersigned, as a condition precedent to binding of the Policy listed on this Certification, hereby states that, between (INCEPTION date) ____________ and/to ____________ (PRESENT date), there were no Workers’ Comp coverage, no losses, occurrences, accidents, or other events for which, under the terms of the Policy as set forth therein, a claim for coverage under the Policy could be made. The undersigned understands that the issuing company is relying solely upon this Certification of no losses as an inducement to bind the Policy with an effective date of ____________.

The undersigned further states and understands that if any such event as described above occurred during the period described above, the submission of this Certification by the undersigned constitutes a material misrepresentation, and will result in either cancellation or rescission of the Policy (as permitted by law) and may result as well in the imposition of civil and/or criminal penalties. The undersigned further understands that if the issuing company becomes obligated to make any payment under the Policy with respect to any loss occurring within the period set forth above, the Company will seek reimbursement for such payment from the undersigned to the fullest extent allowed by law.

The undersigned, by signing this Certification, represents that he/she has the authority to make these representations with respect to the Policy.

By: ________________________________
(Insured’s Authorized Representative)

Print Name: ________________________________

Dated: ________________________________

To be completed by Broker:

Customer:
Quote No.:
Policy Type: Workers’ Compensation
Issuing Company:
Agency Name: