## AFFIDAVIT OF ZERO REPORTING COMMERCIAL INSURERS ONLY

## FOR CALENDAR YEAR

$\qquad$

## Company Name, Address and NAIC \#:

## Company Contact, Phone Number and Email Address:

| Name of President/Executive Officer | Name of Person Completing Affidavit/Title |
| :--- | :--- |

Before me, the undersigned authority, personally appeared $\qquad$ who, being duly sworn on oath stated that: I am the President/Executive Officer or $\qquad$ the Person Completing the Affidavit (if different from the President/Executive Officer) respectively of the and I am of sound mind, capable of making this affidavit and (Name of Employer) acquainted with the facts herein stated. The company is reporting zero Second Injury Fund Surcharge due pursuant to Section 287.715, RSMo et seq. for the calendar year $\qquad$ . This is based upon the fact that the company had no Missouri direct written workers' compensation premiums to date for the calendar year in question. If during the course of the calendar year the direct written workers' compensation premiums become something other than zero, the company will begin remitting the appropriate Second Injury Fund Surcharge forms and payments.

| Signature of President/Executive Officer | Signature of Person Completing Affidavit |
| :--- | :--- |


| Notary Public Embosser or <br> Black Ink Rubber Stamp Seal | State of | County (Or City of St. Louis) |
| :--- | :--- | :--- | :--- |
|  | Subscribed and Sworn Before Me, This <br> Day Of | Use Rubber Stamp in Clear Area Below |

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

