

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

P.O. Box 58 AFFIDAVIT OF ZERO REPORTING -Jefferson City, MO 65102-0058 labor.mo.gov/DWC

COMMERCIAL INSURERS ONLY

FOR CALENDAR YEAR			
Company Name, Addr	ess and NAIC #:		
Company Contact, Pho	one Number and Email Address:		
Name of President/Executive Officer		Name of Person Com	pleting Affidavit/Title
	ned authority, personally appeared h stated that: I am the President/Exec		who,
the Person Completing t	he Affidavit (if different from the Pro		•
	ane of Employer)	nd I am of sound mind, o	capable of making this affidavit and
acquainted with the facts	s herein stated. The company is report	rting zero Second Injury	Fund Surcharge due pursuant to
Section 287.715, RSMo	et seq. for the calendar year	This is based upon the	ne fact that the company had no
Missouri direct written v	workers' compensation premiums to	date for the calendar yea	ar in question. If during the course
of the calendar year the	direct written workers' compensation	n premiums become som	nething other than zero, the company
will begin remitting the	appropriate Second Injury Fund Surc	charge forms and paymen	nts.
Signature of President/Executive Officer		Signature of Person Completing Affidavit	
Notary Public Embosser or State of		County (Or City of St. Louis)	
Black Ink Rubber Stamp Seal	Subscribed and Sworn Before Me, This		Use Rubber Stamp in Clear Area Below
	Day Of	Year	Ose Rubbel Stamp in Clear Area Below
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Typed or Printed)	1	