



**AFFIDAVIT OF ZERO REPORTING –
COMMERCIAL INSURERS ONLY**

FOR CALENDAR YEAR _____

Company Name, Address and NAIC #:

Company Contact, Phone Number and E-mail Address:

Name of President/Executive Officer	Name of Person Completing Affidavit/Title

Before me, the undersigned authority, personally appeared _____ who,
being duly sworn on oath stated that: I am the President/Executive Officer or _____

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 _____. 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 Black Ink Rubber Stamp Seal	State of _____	County (Or City of St. Louis) _____
	Subscribed and Sworn Before Me, This _____ Day Of _____ Year _____	
	Notary Public Signature _____	My Commission Expires _____
	Notary Public Name (Typed or Printed) _____	
Use Rubber Stamp in Clear Area Below		