

Loss History Affidavit Notice of Non-Processing

Client Name: _____ Date: _____

This letter is my official notification that the above referenced company did NOT have any work:

From _____, _____, 20____

Through _____, _____, 20____

I attest NO employees conducted ANY business on behalf of the above listed company and are not entitled to receive any wages, nor will they receive any none earned compensation for the referenced time period.

I further attest and affirm that because there was NO business related work or activities for the time period listed above there were NO work related accidents or injuries.

My signature below attests to the fact I understand and am aware that failure to report all hours worked and all wages and compensation is considered insurance fraud, a felony of the 3rd degree, punishable in accordance with State of Florida Insurance Laws.

Officer's signature _____ Date _____

Officer's printed name _____ Title _____

This form must be completed and presented to Advanced PEO Solutions, LLC (or its subsidiaries) for all time periods in which the client company does not process its regular scheduled payroll. Failure to complete and submit this form on or before the regular scheduled payroll will result in client termination. In all cases, failure to process a regular scheduled payroll will result in the client's worker's compensation coverage being suspended/canceled and in a pricing evaluation with potential rate increases, miscellaneous fees, and/or adjustments. NO resumption of coverage or additional payroll processing will be authorized until all workdays are accounted for through the completion of this form with notarized signature.

Advanced PEO Solutions Internal Use Only

____ Date/Time client contacted ____ Fees explained to client ____ Safety Coordinator's approval
____ Date/Time client faxed ____ Notary requirement explained ____ Original form in permanent file

