

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that  
(signatory)

that after a thorough and diligent search, the attached list of workers' compensation claims for

\_\_\_\_\_ which indicates the following:

- a. number of open claims is \_\_\_\_\_
- b. reserves are \$ \_\_\_\_\_

is true and correct to the best of my knowledge as of the date noted below.

Subscribed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Designated Official of the  
Adjuster, Claims Company

\_\_\_\_\_  
Typed Name and Official Position of the  
Designated Official of the Adjuster, Claims or  
Third Party Administrator Company or Third  
Party Administrator

NAME OF THE ADJUSTER, CLAIMS CO. OR THIRD PARTY ADMINISTRATOR'S PLACE OF BUSINESS

\_\_\_\_\_

(CORPORATE SEAL OF MEMBER HERE)

(CORPORATE SEAL OF TPA HERE)

SWORN TO AND SUBSCRIBED BEFORE ME BY ABOVE  
AFFIANT, THIS THE DATE SHOWN ABOVE:

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

ADDRESS AND TELEPHONE  
NUMBER OF NOTARY PUBLIC:

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SEAL OF NOTARY PUBLIC HERE)