

**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 for the period of time that we  
have been a self-insured employer in the State of Georgia.

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

\_\_\_\_\_  
Signature of Owner, Partner, or Corporate Officer  
(President or CFO) as Affiant

\_\_\_\_\_  
Typed Name and Official Position

Attest (If a Corporation)

\_\_\_\_\_  
Signature of Corporate Secretary

(PLACE CORPORATE SEAL HERE)

\_\_\_\_\_  
Name of Corporate Secretary (Typed or Printed)

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)

\_\_\_\_\_

\_\_\_\_\_