

**MEMBER CERTIFICATION**

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

thorough and diligent search, the below is true for the company \_\_\_\_\_:

1. This company has been cancelled for at least two (2) full years.
2. At least two (2) years has passed since the proper Board Forms were filed with the State Board of Workers' Compensation to close all self-insured claims.
3. At least one (1) year has passed since the last medical invoice(s) were received or paid, and no other medical treatment has been furnished in the last 12 months.
4. No payments for temporary total disability, temporary partial disability or permanent partial disability benefits have been paid in the last four (4) years.
5. This company confirms the amount of medical paid over the last three (3) years to be \$\_\_\_\_\_.

The undersigned, after being duly sworn does hereby depose and state under oath, and certify under penalty of law, that I am thoroughly familiar with the operation and affairs of the above-named company; that I have read and studied the statements above; that I am authorized by said company to execute and submit the foregoing information, as well as to individually execute this affidavit. I hereby certify that, after a thorough and diligent search, said statements and representations contained herein, together with all supporting exhibits and documents are true and correct to the best of my knowledge, information and belief.

SUBSCRIBED ON \_\_\_\_\_.

\_\_\_\_\_  
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

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