

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)
