



**AFFIDAVIT OF ZERO REPORTING –
COMMERCIAL INSURERS ONLY**

FOR CALENDAR YEAR _____

Company Name, Address and NAIC #:

Company Contact, Phone Number and Email Address:

Name of President/Executive Officer	Name of Person Completing Affidavit/Title
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Before me, the undersigned authority, personally appeared _____ who, being duly sworn on oath stated that: I am the President/Executive Officer or _____ the Person Completing the Affidavit (if different from the President/Executive Officer) respectively of the _____ and I am of sound mind, capable of making this affidavit and acquainted with the facts herein stated. The company is reporting zero Second Injury Fund Surcharge due pursuant to Section 287.715, RSMo *et seq.* for the calendar year _____. This is based upon the fact that the company had no Missouri direct written workers' compensation premiums to date for the calendar year in question. If during the course of the calendar year the direct written workers' compensation premiums become something other than zero, the company will begin remitting the appropriate Second Injury Fund Surcharge forms and payments.

Signature of President/Executive Officer	Signature of Person Completing Affidavit
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Notary Public Embosser or Black Ink Rubber Stamp Seal	State of _____	County (Or City of St. Louis) _____
	Subscribed and Sworn Before Me, This _____ Day Of _____ Year	
	Notary Public Signature _____	My Commission Expires _____
	Notary Public Name (Typed or Printed) _____	