

SAMPLE AFFIDAVIT
For Questions #7 - If Applicable

PLEASE TRANSFER TO COMPANY LETTERHEAD

EMPLOYEE LEASING COMPANY REGISTRATION

I the undersigned, (Name of Individual), (Title) of
(Name of Company) affirm the fact that our company has never had
Workers' Compensation coverage canceled or non-renewed in the preceding
five years.

It is sworn and attested to that the above facts and statements are true and
accurate.

**Name\Title (Chief Executive Officer, Partner
or Sole Proprietor)**

Date

Notary Public Signature\Stamp

Date