



STATEMENT OF NO LOSS

I, _____ as owner, operator, director, shareholder, or partner,
OF _____ has had NO losses and that I/We will not hold the
LOUISIANA CONSTRUCTION & INDUSTRY SELF INSURERS FUND responsible for any losses that occur from 12:01 AM:

[MONTH] _____ [DAY] _____ [YEAR] _____

TO

[MONTH] _____ [DAY] _____ [YEAR] _____

It is further agreed and understood that in the event that a loss did occur during the aforementioned period and a workers' compensation claim is presented for payment that all payments will be denied. Any losses reported during this period will not be the responsibility of the Louisiana Construction & Industry Self Insurers Fund.

[PRINT APPLICANT'S NAME] _____

[APPLICANT'S SIGNATURE] _____

[PRINT AGENT'S NAME] _____

[AGENT'S SIGNATURE] _____

[WITNESS] _____

[WITNESS] _____
