Certification of Submitted Loss Data

In connection with the data submitted for the calculation of this year's Simulated

Premium and Surety for _____,
(Company name)

I do hereby certify that:

1. The loss reports submitted contain ALL losses that occurred during the period specified for each report, including claims with last date of exposure for occupational diseases and retraining incentive benefits.

2. The claim values (pursuant to KRS 342.0011 (28)(a)) submitted contain:

   a. the total of the indemnity benefits paid to date as of 12/31/08 and **projected to be paid for the life of the claim**;

   b. the medical and medical rehabilitation benefits paid to date as of 12/31/08 and **projected to be paid for the life of the claim;**

   c. the cost of vocational rehabilitation paid to date as of 12/31/08 and **projected to be paid for the life of the claim.**

The undersigned, being duly sworn, also states that I have reviewed the information and am satisfied that the information submitted is a true, accurate and complete representation for

_____.
(Employer)

_____ _____
Signature of Officer, Owner or Partner Title

_____ _____
Print Date

Subscribed and sworn before me by _____.

This the _____day of _____ , 20_____.

Notary Public:_____My commission expires:_____

Commission State at Large: _____ OR County (list county):_____

***Note: If the individual signing this is not the president or secretary of the corporation, attach a notarized copy of the power of attorney or the resolution of the board of directors, which grants the individual the legal authority to represent the company. (This does not apply to a single proprietorship or partnership.)**