



No Activity Affidavit

I _____ of _____ by below signature, affirm that:
(Owner Name) (Client Company)

I will have no business activity because of _____
during the period _____. I understand that none of my
employees will be covered under Worker's Compensation Insurance and that I will inform
Pinnacle Employee Leasing of when I resume work.

Signature: _____

Date: _____

OR

I swear that there have been no workplace injuries between the dates of _____ to
_____. I understand that during the above dates I was not running payroll with
Pinnacle Employee Leasing and none of my employees were covered by Worker's
Compensation Insurance through Pinnacle.

Signature: _____

Printed Name: _____

Date: _____