



No Activity Affidavit

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



No Activity Affidavit

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:	

Please return to:
Pinnacle Employee Leasing
 115 W Olympia Avenue, Suite 121, Punta Gorda, FL 33950
 Toll Free: 1-800-245-2414 , Toll Free Fax: 1-800-245-4711
 Questions? Phone: (941) 833-2065 Fax: (941) 833-2075
www.pinnacleel.com