WORKERS COMPENSATION EXEMPTION
AFFIDAVIT

Form should be completed by an officer of a sole proprietorship or a corporation with three (3) or less part time or full time employees (including the owner him/her self). Form must be signed and notarized.

Companies with four (4) or more part time or full time employees are not eligible to complete this form. These companies must provide proof of Workers' Compensation Insurance coverage.

Name: _____
First Last

Address: _____
Street City

Phone: _____
Home Business

This is to verify that _____
(Business Name)

_____is a
Street City State Zip

☐ Sole Proprietorship
OR
☐ Corporation/Partnership

And has _____employees **INCLUDING** the owner his/her self.
(# of employees)

Therefore, under the terms of Chapter 440, F.W., Worker's Compensation regulations it is NOT necessary for the above named company to carry Worker's Compensation Insurance.

_____
(Signature)

Sworn and subscribed to me this _____day of _____, 20_____.

Personally known_____ Or, Produced ID: _____ (Type Produced) _____

NOTARY PUBLIC _____

My Commission Expires: _____