WORKERS COMPENSATION EXEMPTION
AFFIDAVIT

Form should be completed by an officer of a sole proprietorship or a corporation with three (3) or less employees. Form must be signed and notarized.

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, other than the owner his/her self.
(no. 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:

_____

Rev 8/25/2004