

Name of Business _____

Employer ID _____

My name is _____. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

1. I am stating that my business is exempt from carrying workers' compensation insurance coverage.
2. I am a sole proprietor, owner or partner of _____
(business name)
a business engaged in _____

_____ that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- I am a sole proprietor and have no "employees" as defined under the law.
- I am a partner in a partnership with no "employees" as defined under the law.
- I have filed a Notice of Employer's Exemption with the Workers' Compensation Division to be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees of the corporation.

3. I am including a quote and/or link to an official reference from the state law which certifies the exemption:

I attest the information I have provided above is true and correct to the best of my knowledge.

(Name)

(Signature)

(Date)