ATTACHMENT E

Worker's 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 State Zip

Phone: _____ _____
Home Business

This is to verify that: _____ _____ is a
Business Name

_____ _____ _____ ___
Street City State Zip

☐ Sole Proprietorship **OR** ☐ Corporation/Partnership and has _____ employees, other than 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:

_____
(Seal)