



**STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT**

TO: \_\_\_\_\_

By signing below, I affirm the following:

1. We do not have employees and therefore are exempt from Workers Compensation requirements.
2. We do not carry Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage.

Accordingly, we hereby apply for exemption from Lender's requirement for carrying Worker's Compensation insurance.

Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Signatory Printed Name & Title: \_\_\_\_\_

\_\_\_\_\_

Signature and Date: \_\_\_\_\_