

## Workers Compensation Exemption

Dear Subcontractor (Sole Proprietor):

If you are the proprietor or partner of a small business and do not purchase Workers Compensation insurance because you have no employees, then you **MUST** read and sign below. The legal requirements regarding the purchase of Workers Compensation insurance are different in each state. Generally, state laws do not require the owners or executive officers of a business to be covered by Workers Compensation insurance. In many states, owners and executive officers may elect to be covered by Workers Compensation, and we recommend that you do so. In any case, you should carefully review your operational and legal structure in the context of your specific state laws.

### Owner's Statement:

By signing below, I hereby certify, under penalty of perjury, that my business is exempt from carrying Workers Compensation insurance in the state(s) of \_\_\_\_\_, because I do not have any employees as that term is defined by the Workers Compensation statutes and regulations in the state(s) above. All of the work performed in my business is performed by the proprietor, owners, partners or executive officers. I have elected not to cover the proprietor, owners, partners or executive officers with Workers Compensation insurance. This decision is made in full compliance with the Workers Compensation laws and regulations of the above state(s).

If, at a later date, I should hire any employee(s) in my business, then I will purchase Workers Compensation insurance covering my employees and will provide **(HA name)** a certificate of insurance for the insurance policy in accordance with my Contract, Subcontract, and/or Agreement within fifteen (15) days of its effective date.

I understand that if I am injured while working on this job, I will not be covered for such injury under the Worker Compensation insurance policies of **(HA name)**, and I waive all rights of action against **(HA name)** and the Owner of the Community, in connection with such injury.

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Contractor's COMPANY Name

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Name of Proprietor, Partner, or Owner

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Signature of Proprietor, Partner, or Owner

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Date