

Statement of Exemption from Worker's Compensation Laws

Date: _____

I, _____, do hereby state that

(Company Name) _____

has **NO EMPLOYEES** and therefore is exempt from the State of Colorado Worker's
Compensation requirements.

I also understand that it is my responsibility in the hiring of subcontractors to make
certain that they are in compliance with The State of Colorado worker's
compensation insurance requirements.

Signature: _____

Print Name: _____

Company: _____