AFFIDAVIT OF EXEMPT STATUS
UNDER THE WORKERS' COMPENSATION ACT

An independent contractor is defined by law as one who engages to perform certain services for another, according to his own manner and method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

I hereby affirm by my signature below that I am an independent contractor and *not* an employee as defined under the Workers' Compensation Act, and I am *not* eligible for workers' compensation benefits.

I further affirm that I am a natural person operating as a sole proprietor and *not* a corporation, partnership, limited liability company or any other form of legal entity other than a sole proprietorship.

I further affirm that I have *no* employees as defined in the Workers' Compensation Act that I am required to provide workers' compensation insurance for, **or** I employ five (5) or less total employees, all of whom are related by blood or marriage to myself; and are thereby exempt from the Workers' Compensation Act.

_____ _____
Applicant's signature Applicant's name (please print)

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC

My commission number: My commission expires:

_____ _____

Revised August 2007