

Date: [Insert Date]

To: [Hiring Entity Name]

Address: [Hiring Entity Address]

City, State, Zip: [City, State, Zip]

Subject: Statement of Workers' Compensation Exemption

To Whom It May Concern,

I, [Your Full Name], operating as [Your Business Name, if applicable], am providing this letter to certify that I am an independent artisan contractor. I am currently performing services for [Hiring Entity Name] as an independent contractor and not as an employee.

I hereby certify that I am exempt from Workers' Compensation insurance requirements under the laws of the State of [Insert State] for the following reason(s):

- I am a sole proprietor/independent contractor with no employees.
- I do not utilize subcontractors, or if I do, I ensure they maintain their own coverage.
- Under state law, I am not required to carry Workers' Compensation insurance for myself.

I acknowledge that as an independent contractor, I am responsible for my own taxes, insurance, and work-related liabilities. I understand that I am not entitled to Workers' Compensation benefits through [Hiring Entity Name] in the event of a work-related injury.

I agree to notify [Hiring Entity Name] immediately in writing if my status changes or if I hire any employees during the term of our agreement.

Sincerely,

[Signature]

Print Name: [Your Name]

Business Name: [Business Name]

Tax ID / SSN: [Insert ID]

Phone Number: [Your Phone Number]