

Date: [Insert Date]

To: [Insert Hiring Entity/Company Name]

Address: [Insert Company Address]

Subject: Declination of Workers' Compensation Coverage

Dear [Insert Contact Name],

I, [Your Name], operating as [Your Business Name (if applicable)], am providing this letter to formally decline Workers' Compensation insurance coverage for the duration of my contract with [Insert Hiring Entity/Company Name].

I am an independent artisan contractor and certify that:

- I operate as a sole proprietor, independent contractor, or partner.
- I do not have any employees under my supervision or payroll.
- I am not required by state law to carry Workers' Compensation insurance for myself.

By signing this document, I acknowledge that I am responsible for my own medical expenses and disability benefits in the event of a work-related injury. I hereby waive any claim to Workers' Compensation benefits from [Insert Hiring Entity/Company Name] and agree to hold them harmless regarding any such claims.

I have attached a copy of my current General Liability Insurance certificate for your records.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title]

[Tax ID/SSN (if required)]