

Date: [Insert Date]

To: [Insert Hiring Entity/Client Name]

Address: [Insert Client Address]

City, State, Zip: [Insert Client City, State, Zip]

Re: Letter of Statutory Compliance - Workers' Compensation Exemption

To Whom It May Concern,

This letter serves to formally certify that **[Insert Your Business Name]** operates as an independent artisan contractor. Under the statutes of the State of **[Insert State]**, I am writing to confirm my compliance status regarding Workers' Compensation insurance requirements.

Please be advised of the following:

- **Status:** I am a sole proprietor/independent contractor with no employees.
- **Exemption:** Pursuant to [Insert State Statute Number, if known, e.g., ORS 656.027], I am exempt from the legal requirement to carry Workers' Compensation insurance because I do not employ any individuals who qualify as "subject workers."
- **Responsibility:** As an independent contractor, I maintain my own professional liability/general liability insurance (if applicable) and understand that I am not covered by [Insert Client Name]'s Workers' Compensation policy.
- **Notice of Change:** I agree to notify [Insert Client Name] immediately in writing should I hire any employees or subcontractors, at which time I will obtain the legally required Workers' Compensation coverage and provide a Certificate of Insurance.

Attached to this letter, please find a copy of my [Trade License/Business License] and my [General Liability Certificate of Insurance], if requested.

By signing below, I attest that the information provided is true and correct to the best of my knowledge.

Sincerely,

[Insert Your Name]

[Insert Your Title/Owner]

[Insert Business Name]

[Insert Tax ID/EIN]