Affidavit of Exemption and Waiver of Workers Compensation Coverage

STATE OF WISCONSIN)	
COUNTY OF) ss.)	
I,	(Print Name)		_, DBA / as authorized agent for
	(1 fint (value))		whose principal place of business is
located at			,
	(Street Address)		(City/State/Zip Code)

being duly sworn on oath, deposes and states that:

I am an individual authorized to execute this affidavit on behalf of the above-named entity or individual.

I have read and understand the workers compensation requirements in Wis. Stat. Ch. 102, and I have had an opportunity to consult with independent legal counsel regarding the Wisconsin Workers Compensation laws applicability to me and/or my business. I am aware that my Contract with the State of Wisconsin and the Department of Natural Resources, its officer, agents, and employees requires me to carry workers compensation coverage for any employees working for me or my business.

I am exempt from the requirements of Wisconsin Statutes Chapter 102 to provide workers compensation coverage. I further certify that I am not an employer as defined by Wis. Stat. § 102.04, that I have no employees as defined by Wis. Stat. § 102.07, or that I am otherwise exempt from the requirements of Wis. Stat. Ch. 102.

I also certify that for the duration of the Contract, I will not have any employees or become an employer as defined under Wis. Stat. Ch. 102. If my situation changes at any point during the Contract term, I will promptly notify the Wisconsin Department of Natural Resources and provide any and all required workers compensation documentation.

I understand that any error, misunderstanding or falsity in the statements set forth above may result in the immediate termination of the Contract.

I further understand that the State of Wisconsin and the Department of Natural Resources, its officer, agents, and employees may waive the requirement that I provide proof of workers compensation coverage in reliance upon my certifications and representations made herein.

Signature

Subscribed and sworn to before me this

day of ______, ____.

Print name

Notary Public My Commission Expires: