



PARKER
C O L O R A D O

STATEMENT OF EXEMPTION FROM
WORKERS COMPENSATION LAWS

Date: _____

I, _____, do
hereby state that

(Company Name) _____

Has **NO EMPLOYEES** and therefore is exempt from the State of Colorado workers
compensation insurance requirements.

I also understand that it is my responsibility in the hiring of subcontractors to make
certain that they are in compliance with the State of Colorado workers compensation
insurance requirements.

Signature: _____

Print Name: _____

Company: _____