

**AFFIDAVIT CLAIMING EXEMPT STATUS FROM WORKERS COMPENSATION INSURANCE**

**Important Note:** Only certain types of businesses are exempt from mandatory Workers Compensation coverage these are the following:

1. Sole Proprietors {individual business owners} and Partnerships with no employees other than the principals themselves.
2. Corporations under the following circumstances:
  - a. There are no more than two {2} officers,
  - b. The officers own all of the stock of the corporation, and
  - c. The corporation does not employ any persons other than the owners/officers.

If your business does not meet the above criteria, but you still believe it is entitled to exempt status, you must obtain an exemption certificate from the Worker’s Compensation Board at 181 Livingston Street in Brooklyn, Telephone number {718} 802-6600.

STATE OF NEW YORK }  
COUNTY OF \_\_\_\_\_ }

I, \_\_\_\_\_ having been duly sworn, hereby before and say that:

**FOR CORPORATIONS:**

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
{Corporation Title} {Name of Corporation}  
{Hereinafter referred to as “the Corporation”}.
2. All the stock of the corporation is owned by:
  - a. \_\_\_\_\_  
{NAME} {CORPORATE TITLE}
  - b. \_\_\_\_\_  
{NAME} {CORPORATE TITLE}
3. The corporation does not have any persons besides the above owners/officers in its employ.

CONTINUED ON BACK

**FOR PARTNERSHIPS:**

I, \_\_\_\_\_

\_\_\_\_\_  
{LIST FULL NAMES OF ALL PARTNERS}

Are partner's of \_\_\_\_\_  
(Trade Name of Company)

(Herein after referred to as "the Partnership"), which is a partnership formed pursuant to the New York State Partnership Law.

- No partner of the Partnership is covered under a compensation insurance contract or certificate of self-insurance.
- The partnership does not have any persons besides its partners in its employ.

**FOR SOLE PROPRIETORSHIPS/INDIVIDUAL BUSINESS OWNERS:**

- The Sole Proprietorship does not have any persons besides me in its employ.

**TO BE COMPLETED BY ALL TYPES OF BUSINESS**

1. The Corporation/Partnership/Sole Proprietorship is not legally required to obtain Workers Compensation Insurance at this time.
2. The Corporation/Partnership/Sole Proprietorship will immediately notify the Department of Consumer Affairs if there is any change in the facts stated herein.
3. I understand that if there is a change in any of the facts stated herein. The
  - a. Corporation/Partnership/Sole Proprietorship may require obtaining Workers
  - b. Compensation Insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

4/6/05