

TOWN OF SILT
P. O. Box 70
231 N. 7th Street
Silt, CO 81652

STATEMENT OF EXEMPTION FROM WORKERS' COMPENSATION LAWS

Date: _____

I, _____, do hereby state that

(*insert company name*) _____
has NO EMPLOYEES and therefore is exempt from the State of Colorado
Workers' Compensation 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: _____