Workers Compensation Exemption Statement

I _____ am the owner of the company listed below and am an independent owner operator. I hereby certify that I currently do not have any employees and am exempt from carry worker's compensation insurance coverage. In the event that my exemption status changes at any point in the future and for any reason, I will ensure that I have all the necessary insurance coverage required by *South Hills Church*.

In such an event, I will promptly notify *South Hills Church* of any change in status and will provide evidence of the required coverage immediately.

_____

Company Name

_____ _____

Signature Date

_____

Print Name

_____

Title

South Hills Church Central Services
Phone: 800-222-2262 Fax: 951-256-4293
Email: accounting@southhills.org
Mailing Address
PO Box 608
Corona CA 92878

This statement of exemption is valid for 12 months from the date of signature.