

City of Zion

Worker compensation coverage opt-out and affidavit of no employees form

This form and affidavit must be completed by **an owner** (sole proprietorship), **partner** (partnership), **officer** (corporation) or **manager/member** (limited liability company) for any company or contractor who states they have no employees other than the owners, partners, officers or managers/members. By signing this form, the undersigned have rejected the benefits provided by the Illinois Workers Compensation Act and have notified their client or customer that the company does not have this insurance.

Under penalties of perjury, I _____ of _____,
Owner Company Name
have **no employees** (clerical, skilled trade, laborer, support staff, etc.) receiving wages that are required to be reported on a W-2 form.

By affixing my signature to this **AFFIDAVIT OF NO EMPLOYEES**, I affirm that I am an owner, partner, officer or manager/member of the Company/Contractor named above, that I am authorized on behalf of this Company/Contractor to verify and file with the City of Zion this affidavit, and that I have full knowledge of the matters set forth herein and that all of same are true in substance and fact. I also understand that I will be the only person on the job site.

Signature

Date

Printed Name

THIS FORM MUST BE NOTARIZED

Subscribed and sworn before me on this _____ day of _____, 20__.

Notary Public