

**AFFIDAVIT OF EXEMPTION UNDER THE WORKERS' COMPENSATION ACT**

State of Oklahoma    )  
  )  
County of Canadian    )

I, \_\_\_\_\_, of lawful age, being duly sworn upon oath, depose and state as follows:

1. The business name under which services are provided is:

\_\_\_\_\_.

I am an Owner/Officer/Manager of the business.

(Circle One)

2. I make this affidavit in order to provide professional services in the City of Yukon. It is my intent for the City of Yukon to rely on this Affidavit.
3. Under the Workers' Compensation Act I am defined as an independent contractor, and no person, corporation or other entity is liable for injuries sustained by me, or any subcontractor of mine.
4. The Workers' Compensation Act provides an exemption for me and my business on the following grounds [circle all that apply]:
  - a. I am a sole proprietor;
  - b. I am a member of a partnership;
  - c. I own ten percent (10%) or more of the shares of stock in the corporation providing the above professional services;
  - d. I own ten percent (10%) or more of the capital in the limited liability company providing the above professional services;
  - e. I own a family business having five (5) or fewer employees, all of whom are related to me by blood or marriage.
5. I will obtain workers' compensation and employer's liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Workers' Compensation Act. I will not allow any co-worker, employee, partner, or co-owner of my business to do any work in the City of Yukon, unless such person signs an Affidavit of Exemption under the Workers' Compensation Act, or I provide proof of

Workers' Compensation Act, or I provide proof of workers' compensation insurance on such person.

FURTHER AFFIANT SAYETH NOT.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**NOTARY PUBLIC**

Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

My Commission #: \_\_\_\_\_