City of Freeport

Community Development Department
314 W. Stephenson Street, Ste. 110 - Freeport, Illinois 61032
Phone (815)235-8202 Fax (815)599-5819 Email: cdadmin@cityoffreeport.org

AFFADAVIT OF EXEMPTION FROM THE ILLINOIS WORKERS COMPENSATION ACT

STATE OF ILLINOIS }
} SS.
STEPHENSON COUNTY }

The undersigned, being first duly sworn on his oath, does hereby affirm and attest that

_____, a _____
(Business Name) (Form of Business)

is exempt from the requirements of the Illinois Workers Compensation Act,

The undersigned does hereby further affirm and attest that he/she understands the provisions of the Illinois Workers Compensation Act and is not relying on any information or opinion from the City of Freeport, its employees, officers, representatives, or designees, in his/her affirmation and attestation regarding this exemption from the provisions and requirements of the Illinois Workers Compensation Act.

The undersigned does hereby further affirm and attest that he/she understands that the City of Freeport requires all licensed contractors to comply with the Illinois Workers Compensation Act, and agrees that if, in the future and during the course of licensure with the City of Freeport, _____
(Business Name)
retains employees as defined by 820 ILCS 305/1(b), or becomes subject to the provisions and requirements of the Illinois Workers Compensation Act in any other way, he/she will provide proof of statutory-mandated Workers Compensation coverage to the City of Freeport Building Commissioner as a requirement of continued licensure with the City of Freeport.

The undersigned does hereby further affirm and attest that he/she understands that failure to provide said proof of coverage will result in penalties including, but not limited to, citations, fines, and the suspension or revocation of _____City of Freeport contractor license, and that any
(Business Name)
City penalties for failing to comply with requirements for workers compensation coverage are separate from any State of Illinois penalties.

Signature of Affiant: _____

SUBSCRIBED and sworn to before me this _____ day of _____,_____.

_____
Notary Public