

License # \_\_\_\_\_

**WORKERS COMPENSATION - NOTICE OF EXEMPTION**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Project: \_\_\_\_\_

To Whom it May Concern:

Please be advised that due to the fact that we do not carry payroll, we are not required to carry workers compensation.

Please call us at the above listed phone number should you have any questions.

Sincerely,

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