Workers’ Compensation Affidavit

I am sole owner of my company and do not have any employees. Therefore, I do not carry Workers’ Compensation.

If I do hire employees, I understand that the state law requires me to have Workers’ Compensation pursuant to Chapter 4123 of the Ohio Revised Code.

I, _________________________________, do hereby swear/affirm that all the above facts are true to the best of my knowledge and belief.

Sworn to and before me this ________ day of ________________, 20____.

In the City of __________________________

State of ________________________, County ________________

______________________________________
Signature of Applicant

______________________________________
Signature of NOTARY PUBLIC, Commission Expiration Date