



## Village of River Forest Workers' Compensation Insurance Exemption Statement

I, \_\_\_\_\_ (*print name of individual*), doing  
Business as \_\_\_\_\_ (*print name of  
business*), am a sole proprietor, partner or member of a limited  
liability company and per the Illinois Workers' Compensation  
Act (820 ILCS 305) am not required to provide and pay  
compensation for accidental injuries sustained by myself,  
arising out of and in the course of employment.

I further certify that no other workers or laborers in my employ  
covered under the above-referenced Act will be employed on,  
in or about the premises in which the work to be done will take  
place.

Signed: \_\_\_\_\_

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