

**VILLAGE OF HOFFMAN ESTATES  
Workers' Compensation Affidavit**

I, \_\_\_\_\_, the authorized agent of,  
(Your name)

\_\_\_\_\_, (hereafter referred to as  
(Company name)

“company”) hereby attest that our/my company does not have workers’ compensation coverage, and that the Illinois Workers’ Compensation Act does not require the company to retain such coverage, by reason of:

\_\_\_\_\_  
(Reason Workers’ Compensation not required.)

I understand that this affidavit expires when the Comprehensive General Liability coverage listed on the Certificate of Insurance submitted with this form expires and that a new affidavit will have to be submitted each time a new Certificate of Insurance is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Company Name