AFFIDAVIT OF SOLE PROPRIETORSHIP

I, _____, being duly sworn upon oath do depose and say:

That I am an independent contractor and am self-employed as a(n) _____ and do not currently employ others to perform a service for hire and therefore, am not required to have Worker's Compensation Insurance pursuant to MN Statue S176.041. Further, I affirmatively waive any election for Worker's Compensation Insurance coverage pursuant to MN Statue s176.041 subd. (1a).

That in the event affiant employs any person or persons to perform services for hire, affiant shall notify Scott County immediately and shall immediately provide adequate evidence of Worker's Compensation coverage for said employee(s) to Scott County.

FURTHER YOUR AFFIANT SAYETH NOT.

_____ _____

Date Signature

Subscribed and sworn to before me
This _____ day of_____ 20___.

_____

Notary Public