

Workers' Compensation Coverage Exemption Certification

City of Goldsboro | Goldsboro, NC 27533 | 919-580-4362

This form must be completed by vendors to claim Workers' Compensation exemption when they have less than three (3) workers and do not have coverage through an insurance company. Please email the completed form to: cityclerk@goldsboronc.gov.

Vendor Information		
Business Name:	Contact Name:	
Email Address:	Phone #:	
Mailing address:		
City:	State:	Zip code:
N.C.G.S. Chapter 97 Workers' Compensation Act		
<p>By signing below, the undersigned applicant hereby certifies the following with respect to Workers' Compensation Insurance Coverage:</p> <ul style="list-style-type: none"> I hereby certify that I am EXEMPT from the requirements of G.S. Chapter 97, requiring workers' compensation insurance coverage for contractors that employ three or more employees. If at any time I employ three or more employees, I will provide the City of Goldsboro with the required Certificate of Insurance for workers' Compensation insurance coverage. 		
Vendor Signature Block		
Vendor Signature:	Date: ____/____/____	
Notary Public and Seal		
<p>I certify that signer above personally appeared before me this ____ day of _____, 20____, acknowledging to me that he or she signed the foregoing document.</p> <p>Notary Public Signature:</p> <p>My commission expires:</p>	Seal:	
City Manager Signature Block		
City Manager Approval Signature:	Date: ____/____/____	