



WORKERS' COMPENSATION EXEMPTION CERTIFICATE

I, _____
Please print name

as owner / partner / stockholder (circle one) _____
Please print business name

located at: _____
Address City/State Zip

being operated as Sole Proprietorship / Partnership / Corporation (circle one), certify this company has no employees as defined by the State of Colorado Workers' Compensation Law and that no individual performs services for pay except for the owner, partner or stockholders listed below and is therefore exempt from and not required by Colorado law to have workers' compensation insurance. The undersigned also declare that an independent contractor status exists between this company and Tezak Heavy Equipment Co., Inc.

If the company's status changes in such a manner that requires Workers' Compensation Insurance, all work will be suspended until such insurance has been obtained and proof of insurance coverage is provided to Tezak Heavy Equipment. If proof of insurance is not provided in a timely manner (Tezak Heavy Equipment will be the sole judge of what is "timely"), any and all contracts, agreement and/or task orders will be cancelled according to the provisions of the contract, agreement and/or task order.

By signing this certification, the undersigned waives all rights to and understands that he/she will not be entitled to any Workers' Compensation benefits from Tezak Heavy Equipment in the event of injury, is obligated to pay all federal and state income tax on all money earned while performing services for Tezak Heavy Equipment, and is required to provide workers' compensation insurance for all workers that the company hires.

Name (Please print) Signature Title Date

Name (Please print) Signature Title Date

Name (Please print) Signature Title Date

Name (Please print) Signature Title Date

State of Colorado)
County of _____)

On this _____ day of _____, 20__, before me personally appeared,

whose identity was proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she) (they) executed the same.

Notary Public
Expires on: _____

SEAL