

## WORKMEN'S COMP INSURANCE WAIVER

To: The City of Waukegan Building Department

From: \_\_\_\_\_  
(Owner/Representative)

\_\_\_\_\_  
(Company Name)

Ref.: Workmen's Compensation Insurance

To Whom It May Concern:

I do not have Workmen's Compensation Insurance for the following reason:

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I hereby certify that I am in full compliance with the requirements of the Illinois Employee Classification Act, P.A. 095-0026, eff. 01/01/2008

\_\_\_\_\_  
(Signature of Owner/Rep.)

\_\_\_\_\_  
(Date)