



## SWORN STATEMENT

(ONLY COMPLETED IF YOU ARE NOT CURRENTLY PAYING WORKMAN COMPENSATION INSURANCE)

FOR: \_\_\_\_\_  
Print Company/Individual Name

I certify that I presently have no employees and will not hire any employees to perform work in the City of Geneseo during the duration of this regulation unless I obtain Workman's Compensation Insurance and provide proof of such insurance to the City of Geneseo.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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State of Illinois

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said county, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing instrument as the principal therein, appeared before me this day in person and acknowledge he/she signed, sealed, and delivered the said instrument as his/her free voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this \_\_\_\_\_ day \_\_\_\_\_, A.D., 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

*Form must be filled out to completion if no workman's compensation insurance is being paid for the business.*