

The Charter Township of Chesterfield Building Department

47275 Sugarbush, Chesterfield Township., MI 48047
586-949-0400 Fax # 586-949-4780

WORKMANS COMP EXEMPTION FORM

Date: _____

I _____, am doing business as _____
The owner of the company The company name

and have no employees. Therefore I carry no workmans comp insurance.

Owner: _____

Address: _____

Phone: _____

Signature _____