

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Workers' Compensation Exemption Documentation

Dear [Recipient Name],

I am writing to formally request exemption from Workers' Compensation coverage for my business, [Your Business Name], as I meet the criteria outlined in [specific law or regulation, if applicable].

Business Information:

- Business Name: [Your Business Name]
- Business Address: [Business Address]
- Business Structure: [Sole Proprietorship, Corporation, LLC, etc.]
- Employer Identification Number: [EIN or SSN]

Reason for Exemption:

- [Provide a brief explanation of why you believe you qualify for the exemption, including any pertinent details or supporting evidence.]

Attached Documentation:

- [List any documents you are including to support your request, such as proof of business structure, prior exemption certificates, etc.]

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [your phone number] or [your email address] if you need any additional information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position] (if applicable)