



Department of Zoning/Compliance
Marion City Hall
233 West Center Street
Marion, Ohio 43302
Phone: 740.383.4114

WORKERS COMPENSATION AFFIDAVIT

To Whom It May Concern:

I am sole owner of my company and do not currently have any employees. Therefore, I do not carry Worker's Compensation.

If I hire an employee or employees, I understand that state law requires me to have Worker's Compensation, pursuant to Chapter 4123 of the Ohio Revised Code, and will notify the Ohio Bureau of Worker's Compensation immediately, as well as submit a copy of the Certificate of Coverage (Form DP-22) to the City of Marion.

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Date: _____