## Workers' Compensation Coverage Exemption Certification



Planning and Development Customer Service Center • One Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2500

This form must be completed by contractors to claim Workers' Compensation exemption when they have less than 3 workers and do not have coverage through an insurance company. Please email the completed form to field.services@raleighnc.gov.

Contractor Information				
Business Name: Mosko Lawn and Home Services LLC Contact Name: Tyler Mosko				
Email Address:Tyler@moskolawnandhomenc.com			Phor	ne #: <b>9107591897</b>
Mailing address:721 Fireweed Lane				
			code:27526	
N.C.G.S. Chapter 87-14 & Chapter 97 Workers' Compensation Act				
The undersigned applicant certifies that (check the one that applies):  I am a Licensed General Contractor of the State of North Carolina. License #:  I am an Unlicensed General Contractor of the State of North Carolina.  By signing below, the undersigned applicant hereby certifies the following with respect to Workers' Compensation Insurance Coverage:  I hereby certify that I am EXEMPT from the requirements of G.S. Chapter 97, requiring workers' compensation insurance coverage for contractors that employ three or more employees.  I also agree to annually recertify my workers' compensation coverage exemption status with the City of Raleigh by January 1 of each year for the entire duration of any construction for which permits have been issued. I understand that failure to comply could result in a violation of state law.  If at any time I employ three or more employees, I will provide the City of Raleigh with the required				
Certificate of Insurance for workers' compensation insurance coverage.				
Signature Block				
Licensed or Unlicensed General Cor Tyler Mosko	ntractor Signature:			Date: 05 / 19/2025
Notary Public and Seal				
Sworn to and subscribed before this		, 20 <u>25</u> .	Seal:	SSA R MY
Notary Public: Melma R.1  My commission expires: 9.26.	Pyer 2028		Seal:	PUBLIC OF
				COOK