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State of Connecticut
WORKERS' COMPENSATION
COMMISSION

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Certificate of Proof of Exclusion
from Workers' Compensation Coverage

I hereby certify that _____, an ...
(name, as it appears on the Form 6B or the Form 6B-1 filed with the Commissioner)

Officer of a Corporation, of: _____
(exact name of Corporation, as it appears on the Form 6B)

located at: _____
(complete address of the Corporation, as it appears on the Form 6B)
or a ...

Partner in a Business, of: _____
(exact name of Partnership, as it appears on the Form 6B-1)

located at: _____
(complete address of the Partnership, as it appears on the Form 6B-1)

... has properly chosen NOT to obtain workers' compensation coverage pursuant to §31-275 C.G.S.
by filing the Commission Form 6B (*Officer of a Corporation*) or Form 6B-1 (*Members of a Partnership*)

with the _____ Compensation District of Connecticut in _____
(district #) *(city of Compensation office)*

Signature _____ Date _____
(signature of Commissioner) *(month / day / year)*

Commissioner _____
(full name of Commissioner, printed)