

*[This form may be used ONLY in instances where an independent contractor is exempt from carrying Workers' Compensation insurance under the laws of the state where work is being performed. If you do not know whether there is a state law exemption in your state, please consult the Risk Management department.]*

## **WORKERS' COMPENSATION EXEMPTION FORM**

This applies ONLY to independent contractors who are exempt from state-required Workers' Compensation insurance based on state law where work is being performed.

I will be performing work for Graphic Packaging International, LLC ("GPI")  
\_\_\_\_\_ location as an independent contractor and hereby certify that I am exempt  
from the Workers' Compensation insurance coverage requirements of the State of  
\_\_\_\_\_ because: \_\_\_\_\_.

I understand that if I am injured in the course of work performed for GPI, I will not be covered for injury under GPI's workers' compensation insurance. I will hold GPI, its officers, employees, parent and subsidiary companies harmless in the event that I am injured in the course of the work performed for GPI. I also understand that if I utilize employees other than myself to perform this work, I am required to provide workers' compensation coverage in accordance with state law and GPI policy and must provide evidence of same to GPI.

Independent Contractor \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_