



Re: Workers Compensation Waiver  
Veyo LLC  
4875 Eastgate Mall, Suite 200  
San Diego, CA 92121

This letter is to waive all worker's compensation insurance coverage and rights for

\_\_\_\_\_  
Name of Company

My name is \_\_\_\_\_ and I am the owner of \_\_\_\_\_.  
Name of Owner Name of Company

I have reviewed the laws of Louisiana and am fully aware of the state requirements for employers to carry

Workers Compensation Insurance. By signing below, I attest under penalty of perjury, that as of

\_\_\_\_\_, \_\_\_\_\_ is exempt from Workers Compensation Insurance  
Date Name of Company

requirement. Should I become non-exempt over the coming year, I will contact Veyo, LLC with my

Workers Compensation Insurance policy information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name