

## Workers' Compensation Exemption Letter

The undersigned, on behalf of Liberty Recovery Services LLC (Company Name) agrees that they are NOT required to carry Workers' Compensation Coverage in the state of Texas.

By signing below, I affirm the Company **takes full responsibility for any work-related injuries of our employees and are exempt from Workers' Compensation** as the company is *(Please check at least one box below)*:

- Individual / Sole Proprietor / Single-Member LLC / Owner Operated
- Under Number of Required Employees. Number of Employees: \_\_\_\_\_
- Not Required by State

Signature: Vaunda Warnasch

Print Name: Vaunda Warnasch

Title: President

Date: 03/14/2022

Company Name: Liberty Recovery Services LLC

Company Address: 4848 Tidwell Dr

City/State: Tyler TX

Zip Code: 75708

Contact Number: 903-593-7230

Contact Email: vaunda.warnasch@gmail.com