



SWORN STATEMENT

FOR: _____
Print Company/Individual Name

I certify that I presently have no employees and will not hire any employees to perform work in the City of East Moline during the duration of this registration unless I obtain Workman's Compensation Insurance and provide proof of such insurance to the City of East Moline.

Signature	Title	Date
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State of Illinois

County of Rock Island

I, _____ a Notary Public in and for said county, in the State aforesaid, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to the foregoing instrument as the principal therein, appeared before me this day in person and acknowledge he signed, sealed, and delivered the said instrument as his free voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ day of _____, A.D., 20____.

Notary Public