



Devon Energy Production Company, L.P.
Devon Gas Services, L.P.
Acacia Natural Gas Corporation
Southwestern Gas Pipeline, Inc.
333 West Sheridan Avenue
Oklahoma City, Oklahoma 73102-5015

Insurance Management
Fax: (405) 228-7537

Contractor Name
Address line 1
Address line 2
City, State Zip

Dear Sir or Madam:

The certificate of insurance your insurance agent provided indicates that your firm does not have Worker’s Compensation/Employer’s Liability Insurance. If this information is not correct, please notify your insurance agent to send a revised certificate. Or you may provide a Certificate of Good Standing from your state Secretary of State office.

If in fact your firm does not have employees, please sign and return the Worker’s Compensation/Employer’s Liability Exemption statement below.

Thank you for your attention to this matter.

Sincerely,

Cindy Chiba
Devon Energy
Insurance Management Group
(405)228-8856

WORKER’S COMPENSATION/EMPLOYER’S LIABILITY EXEMPTION

Contractor hereby acknowledges and declares that Contractor does not presently have any Employees and is exempt from carrying Worker’s Compensation and Employer’s Liability Insurance. In the event Contractor hires an employee, Contractor agrees to purchase Worker’s Compensation and Employer’s Liability Insurance as required by contract and under applicable state laws and to furnish the Company with a conforming certificate of insurance.

Contractor Name: _____

Signed by: _____

Printed Name: _____

Title: _____