

**AFFIDAVIT OF EXEMPTION
FROM THE
WORKERS' COMPENSATION ACT**

The Affiant, _____, being duly sworn states that

_____, is exempt from the provisions of the
NAME OF BUSINESS

Kentucky Workers' Compensation Act, KRS Chapter 342. Affiant states that the form of

Business is:

- Individual Proprietorship
- Corporation
- Partnership, the names of the partners are _____

Affiant states that _____, has
NAME OF THE BUSINESS

no employees. Affiant states that _____
NAME OF THE BUSINESS

will employ no subcontractors with employees without first obtaining a policy of workers' compensation insurance. The Affiant affirms that should this status change prior to renewal of the contractors license, that the Affiant will advise the Bowling Green-Warren County Contractors Licensing Board.

The Affiant further states that any contractors, subcontractors, or employees shall be in Compliance with Kentucky requirements for Workers' Compensation insurance according to KRS Chapter 342.

This the _____ day of _____, 2010.

AFFIANT

**STATE OF KENTUCKY
COUNTY OF WARREN**

Subscribed and sworn to before me by _____

This _____ day of _____, 2010.

NOTARY PUBLIC
My Commission Expires: _____