

Affidavit of Exemption from the Kentucky Workers' Compensation Act

Independent contractor

Applicant, pursuant to KRS 342.650, hereby declares exemption from the requirement to obtain workers' compensation insurance coverage. In support of this claim to exemption, applicant states that the following independent contractor criteria has been met and that this is true and correct:

- A) Extent of control of the work is by independent contractor not by the employer.
- B) The type of work performed is recognized as a distinct occupation or business.
- C) The type of work is usually performed without direction or supervision.
- D) Independent contractor has the skills required for the work, exercises the control over time, manner and method of the work to be performed.
- E) The tools and instruments are supplied by the independent contractor not the employer.
- F) Length of time employed is limited to specific job.
- G) Method of payment-independent contractor is paid by the job, rather than on a salary or hourly basis.
- H) Employer-employee relationship does not exist, either written or implied.

Full Name of Applicant _____

Business Address _____

Phone number: _____

FEIN or SSN: _____

I have read and understood the definition listed above and met the qualifications listed. The foregoing is true and correct as I verily believe and swear. I waive any rights to workers' compensation coverage by virtue of this exemption and have been provided a copy of this affidavit.

Applicant signature

Date _____

State of Kentucky Labor Cabinet
County of _____

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by _____
of _____ this day of _____ of _____, 20_____.
Name of business _____

Notary Public Kentucky State at Large

My Commission expires on _____, 20_____.

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030), under the laws of the Commonwealth of Kentucky.