

AFFIDAVIT OF NO EMPLOYEES

The Affiant, _____, being duly sworn states that _____ (“Business”), is exempt from the provisions of the Kentucky Workers Compensation Act, KRS Chapter 342 on grounds that the Business has no employees.

Affiant states that the form of Business is:

- ☐ Individual Proprietorship
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Partnership, the names of the partners are _____
- ☐ Other

Affiant states that Business has no employees. Affiant states that 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 _____, 20__.

AFFIANT

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me by _____.

This _____ day of _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____