

STREET ADDRESS \_\_\_\_\_

Adopted 1/1/97

AFFIDAVIT OF EXEMPTION FROM THE  
KENTUCKY WORKER'S COMPENSATION ACT  
(Corporation or Partnership)

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain workers' compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

FEIN or SSN \_\_\_\_\_ Average No. of Employees \_\_\_\_\_

The foregoing is true and correct as I verily believe and swear.

\_\_\_\_\_  
APPLICANT/OR AUTHORIZED AGENT

State of Kentucky

County of \_\_\_\_\_

The foregoing Affidavit of Exemption was acknowledged and sworn  
To before me by \_\_\_\_\_ of \_\_\_\_\_  
Corporation/Partnership

On behalf of the \_\_\_\_\_  
Corporation/Partnership

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES \_\_\_\_\_, 201\_\_

Instructions

This original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 1270 Louisville Road, Frankfort, KY 40601 (1-800-731-5241).

A copy of this Affidavit is to be kept on file with this local office which issued the building permit.

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

AFFIDAVIT PURSUANT  
TO KRS 198B.060(10)

Come the Applicant, \_\_\_\_\_ pursuant to  
(Company Name)  
KRS 198B.060(10) that all contractors and subcontractors employed or that  
will be employed on any activity covered by any permit issued to this  
applicant by the Department of Inspections, Permits and Licenses of the  
Louisville Metro shall be in compliance with the Commonwealth of  
Kentucky requirements for Unemployment Insurance (according to KRS  
CHAPTER 341).

This the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_,  
Applicant, on this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
State at Large

My Commission Expires: \_\_\_\_\_