

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

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 _____

Corporation Name _____

Address: _____

_____ Phone No _____

FEIN or SSN _____

Nature of Business _____

Number 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

_____ This _____ day of _____, _____
(Print Name)

My Commission Expires _____, _____

NOTARY PUBLIC STATE AT LARGE

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 (1-800-731-8241).

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

Notice to Affiant Fraudulent execution of this form constitutes a criminal offense (KRS 523.010) under the law of the Commonwealth.