

Adopted 1/1/97

AFFIDAVIT OF EXEMPTION FROM THE  
KENTUCKY WORKERS' COMPENSATION ACT  
(Individual)

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 \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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 \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_\_\_

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 Rd., Frankfort, KY 40601 (1-800-731-5241)

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 523.030) under the laws of the Commonwealth.