



AFFIDAVIT OF EXEMPTION FROM THE KENTUCKY WORKER’S COMPENSATION ACT

(Individual)

Applicant, pursuant to KRS 342.610 (5), hereby declares exemption from the requirement to obtain worker’s 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:

Name of Applicant: _____

Home Address: _____

Phone Number: _____

Email: _____

Nature of Business: _____

Federal Employment Identification Number (FEIN): _____

Do you use your Social Security Number as your FEIN? Yes No

Average Number of Employees: _____

The forgoing 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_____