



**AFFIDAVIT OF EXEMPTION FROM THE KENTUCKY WORKER’S COMPENSATION ACT**

(Corporation / Partnership)

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\_\_\_\_\_