REV 03/21

Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
500 Mero Street, First Floor
Frankfort, Kentucky 40601-1987

Case Number: _____
Project Name: _____
City/County: _____

AFFIDAVIT OF ASSURANCES
PURSUANT OF KRS 198B.060(10)

Comes the Applicant, (Please Print Name) _____ and states pursuant to KRS 198B.060(10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20____.

_____
CONTRACTOR, OWNER OR OWNER'S AGENT

The foregoing Affidavit of Assurance was acknowledged and sworn to before me by

_____, Applicant, on this the _____ day of _____, 20____.

_____
NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20__.

Note: This Affidavit of Assurances shall be submitted for any project under State jurisdiction and where there is no local building official. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 500 Mero Street, 3rd Floor, Frankfort, Kentucky 40601. (1-800-554-8601).