## AFFIDAVIT OF WORKERS' COMPENSATION Licenses and Permits

I,, being of lawful age, do solemnly swear and asseverate:
1. That I currently meet one of the exemptions in K.S.A. 44-505 and am not required t
maintain workers' compensation insurance.
2. That I agree to comply with all state and federal laws and City Code requirements relating
to worker's compensation insurance requirements.
3. That I understand that I have a duty to inform the City in the event I employ individual
which would require me to have workers' compensation insurance coverage.
4. That I understand that the City specifically retains the right to revoke my license an
cancel any outstanding permits for construction activities if the City determines I have failed to compl
with applicable federal, state and city requirements.
5. That I agree to save, exculpate, indemnify and hold the City harmless for any and a
liability of the City which may arise as a result of my failure to obtain worker's compensation insurance
coverage for my employees.
FURTHER AFFIANT SAYETH NOT.
Contractor
Contractor
Signature of Owner/Designee
ACKNOWLEDGMENT
STATE OF KANSAS )
) ss: COUNTY OF SHAWNEE )
The foregoing instrument was acknowledged before me this day of
limited liability company, and acknowledged to me that he/she executed the same for the purposes an consideration therein expressed, acting for and on behalf of said limited liability company in the capacit of (president, officer, owner).
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal the da and year last above written.
Notary Public
My Appointment Expires: