AFFIDAVIT OF WORKERS' COMPENSATION Licenses and Permits

l,	, 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 to
maintain worl	kers' compensation insurance.
2.	That I agree to comply with all state and federal laws and City Code requirements relating to
worker's com	pensation insurance requirements.
3.	That I understand that I have a duty to inform the City in the event I employ individuals
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 and cancel
any outstand	ling permits for construction activities if the City determines I have failed to comply with
applicable fed	deral, state and city requirements.
5.	That I agree to save, exculpate, indemnify and hold the City harmless for any and all
liability of the	e City which may arise as a result of my failure to obtain worker's compensation insurance
coverage for	my employees.
FURT	THER AFFIANT SAYETH NOT.
	Contractor
	Signature of Owner/Designee
	ACKNOWLEDGMENT
STATE OF K	
COUNTY OF) ss: SHAWNEE)
The fo	oregoing instrument was acknowledged before me this day of, 20, by and of, a (general/limited) partnership, and acknowledged to me that they executed the same for the purposes and
consideration	partnership, and acknowledged to me that they executed the same for the purposes and therein expressed, acting for and on behalf of said (general/limited) itership.
IN TE	STIMONY WHEREOF under my hand and seal of office the day and year last above written.
	Notor: Dublic
My appointme	Notary Public