



Boone County Building Department
2950 Washington Street Room 312
Burlington, KY 41005

Permit 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 all projects. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave., Frankfort, Kentucky 40601.0 (800/554-8601).

