

EXEMPTION FROM WORKERS COMPENSATION
INSURANCE REQUIREMENT

I DO HEREBY VERIFY THAT I DO NOT EMPLOY ANY INDIVIDUALS AND
ARE, THEREFORE, EXEMPT FROM THE REQUIREMENT TO CARRY WORKERS
COMPENSATION INSURANCE.

SIGNATURE OF CONTRACTOR

CONTRACTOR NAME (please print)

ADDRESS

CITY, STATE ZIP

STATE OF KENTUCKY
COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME BY
_____ TO BE A FREE ACT AND DEED THIS _____ DAY
OF _____ 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES