

**AFFIDAVIT OF EXEMPTION FROM THE  
KENTUCKY WORKER'S COMPENSATION ACT  
(Corporation or Partnership)**

Applicant, pursuant to KRS 342.610 (5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Federal Employment Identification Number (FEIN): \_\_\_\_\_

Do you use your social security number as your FEIN?: Yes  No

Average Number of Employees: \_\_\_\_\_

**The forgoing is true and correct as I verily believe and swear.**

\_\_\_\_\_  
Applicant or Authorized Agent

State of Kentucky,  
County of \_\_\_\_\_

**The foregoing Affidavit of Exemption was acknowledged and sworn to before me by:**

\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_

Notary Public  
Kentucky State At Large

My commission expires on \_\_\_\_\_, 200\_\_\_\_\_.

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.