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 to 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 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 outstanding permits for construction activities if the City determines I have failed to comply with applicable federal, state and city requirements.

5. That I agree to save, exculpate, indemnify and hold the City harmless for any and all 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

_____
Signature of Owner/Designee

ACKNOWLEDGMENT

STATE OF KANSAS)
) ss:
COUNTY OF SHAWNEE)

The foregoing 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 therein expressed, acting for and on behalf of said _____**(general/limited)**_____ _____ partnership.

IN TESTIMONY WHEREOF under my hand and seal of office the day and year last above written.

_____
Notary Public

My appointment expires: _____

Affidavit-License&PermitsWorkersComp-Partnership