



Office of Housing, Buildings and Construction  
Division of Building Codes Enforcement  
306 E. Mt. Vernon Street  
Somerset, KY 42501

Case Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

***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 any project under State jurisdiction and where there is no local building official. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Worker's Claims, Division of Security & Compliance, 1270 Louisville Road, Frankfort, Kentucky 40601. (800/554-8601).