CITY OF INDEPENDENCE

PERMIT NUMBER: _____

ADDRESS: _____

AFFIDAVIT OF ASSURANCES
PURSUANT TO KRS 198B.060(1)

Comes the Applicant, _____and states pursuant to KRS 198B.060(1) 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 Worker's 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

SUBSCRIBED AND SWORN to before me by _____

Applicant, on this _____ day of _____, 20____.

_____
NOTARY PUBLIC
STATE AT LARGE

MY COMMISSION EXPIRES:_____, 20___