BUILDING & ELECTRICAL INSPECTION

McCracken County Emergency Management Building
3700 Coleman Road
Paducah, KY 42001
Office (270) 444-4724 / Fax (270) 444-1369

Project Name: _____

Project Address _____

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 OF LARGE

MY COMMISSION EXPIRES _____, 20__.