

CERTIFICATION OF EXEMPTION

FROM WORKERS COMPENSATION INSURANCE REQUIREMENTS

I, _____, the undersigned, doing business as _____
Your name Company Name

(if applicable), in relation to my application for a _____ license from the City of Newton, Kansas,
License Classification

do hereby certify that I do not maintain any employees in the course of that trade, and that I am not subject to the requirements under the laws of the State of Kansas for the maintenance of workers compensation insurance coverage.

I further understand and acknowledge that, if I am issued the above referenced license, and if at any time during the term of that license I employ any other person or persons in the course of that trade, that I am then immediately subject to the workers compensation insurance requirements of such license, and that I must and will acquire that insurance and promptly provide proof thereof to the City Clerk. I understand that failure to have such insurance in effect at any time when I have any such employees, and that failure to provide such proof of insurance to the City Clerk, will constitute and be punishable as a violation of the ordinances of the City of Newton, and will also constitute grounds for the revocation of such license.

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission expires: _____

*Applications with all supporting documentation may be emailed to contractor@newtonkansas.com