

WORKER'S COMPENSATION WAIVER

**CITY OF ARKANSAS CITY
BUILDING TRADES BOARD**

118 W. Central Ave.
Arkansas City, KS 67005
Ph. 620-441-4420 Fax 620-441-4403
twatts@arkansascityks.gov

If the company has no employees, the following statement must be signed by the owner/operator of the Company and witnessed by a Notary.

I, _____, As owner of

Name (Print)

Company Name

am not required by applicable Kansas Statutes to maintain workers compensation coverage and therefore request to be exempted from providing evidence of such coverage to the City of Arkansas City. I understand that any time in the future I come within the coverage requirements of the Kansas Workers Compensation Act I must provide workers compensation insurance coverage as required by the State of Kansas.

Signature

Date

STATE OF KANSAS)

COUNTY OF COWLEY) **SS.**

BE IT REMEMBERED, that on this _____ day of _____, 20_____

Before me, the undersigned, a Notary Public in and for the County and State aforesaid came

Who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

Notary Public

My Commission Expires