



CITY OF BEREA  
DEPARTMENT OF CODES AND PLANNING  
212 CHESTNUT STREET • BEREA, KENTUCKY 40403  
(859) 986-8528 • FAX (859) 986-7657

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

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

AFFIDAVIT OF ASSURANCES  
PURSUANT OF KRS 1988.060(10)

Comes the Applicant, \_\_\_\_\_ and states pursuant to KRS 1988.606(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\_\_\_\_.