



CITY OF BERA

DEPARTMENT OF CODES AND PLANNING

BRUCE FRALEY  
MAYOR

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AMANDA HANEY  
CODES ADMINISTRATOR

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

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

AFFIDAVIT OF ASSURANCES  
PURSUANT OF KRS 198B.060(10)

Comes the Applicant, \_\_\_\_\_ 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 AT LARGE

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_.