MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE PURSUANT TO § 287.061, RSMo

Before me, the undersigned authority, personally appeared _____
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is _____. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of _____,
Name of Business
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

   (Check One)

   ☐ I am a sole proprietor **and have no "employees"** as defined under the law, see page 2.

   ☐ I am a partner in a partnership **with no "employees"** as defined under the law, see page 2.

   ☐ I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from
   Name of Corporation
   coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.
   Date

   Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

_____ *Affiant* _____ *Date*

STATE OF MISSOURI)
)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

_____
Notary Public (SEAL)