

# YOU MUST FILE THIS FORM WITH THE KANSAS ATTORNEY GENERAL'S OFFICE

## AFFIDAVIT OF WORKERS COMPENSATION EXEMPTION UNDER THE KANSAS ROOFING REGISTRATION ACT

STATE OF KANSAS )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

1. My name is \_\_\_\_\_. I am of legal age and sound mind, capable of making this Affidavit, and personally acquainted with the facts contained within this affidavit. I understand that by submitting this Affidavit to the Office of the Attorney General for registration pursuant to the Kansas roofing registration act, I am stating that my business is exempt from carrying workers compensation coverage.

2. I am the sole proprietor, owner, or partner of \_\_\_\_\_,  
*Business Name*  
a business that is engaged as a "roofing contractor," as defined by K.S.A. 50-6,122(a)(1) of the Kansas roofing registration act, and the business is not required to purchase workers compensation insurance coverage for the following reason:

- ☐ I am a sole proprietor and have no "employee(s)," as defined under K.S.A. 44-508(b);
- ☐ I am a partner in a partnership with no "employee(s)," as defined under K.S.A. 44-508(b);
- ☐ My total gross annual payroll for the preceding calendar year was not more than \$20,000 for all employees, excluding family members of the employer, and I reasonably estimate that I will not have a total gross annual payroll for the current calendar year of more than \$20,000 for all employees, excluding family members of the employer; or
- ☐ I have not had a payroll for the preceding calendar year, and I reasonably estimate that I will not have a total gross annual payroll for the current calendar year of more than \$20,000 for all employees, excluding family members of the employer.

3. I understand that completion of this Affidavit shall not affect the rights or coverage of any person determined to be an employee of the individual completing the affidavit.

4. **I understand that knowingly providing false information on this Affidavit may be a misdemeanor, punishable by a fine not to exceed one thousand dollars (\$1,000.00). See K.S.A. 44-5,127(d)(1).**

5. I understand that I may seek legal advice regarding whether I can lawfully submit this Affidavit.

I attest that the statements contained in this Affidavit are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me by \_\_\_\_\_  
*Name of Affiant*

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_.

May 2025