

# Kankakee County Affidavit of Employment

Name: \_\_\_\_\_  
Please Print

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Certification:**

**I hereby certify that I will be the only employee of my business providing the service(s) outlined and described in the Kankakee County Contractor's Licensing Application.**

**If the services of other paid or unpaid employees performing work under my control are used, I acknowledge that I am required by Kankakee County to submit proof of Workers' Compensation insurance. Any subcontractor under my authority with paid or unpaid employees performing work listed on building permit application will be required by Kankakee County to submit proof of Workers' Compensation insurance.**

**I acknowledge that if I am found in violation of Illinois Workers' Compensation Act 820 ILCS 305 that my Kankakee County Contractor's License may be suspended or revoked.**

**I have read and understand the requirements set forth on this Affidavit and ask to be excluded from obtaining Workers' Compensation insurance.**

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp

This form must be signed before a Notary Public to be valid for the use of the Workers' Compensation insurance exclusion. Faxed copies will not be excepted.