

# Kankakee County Contractor's Affidavit of Employment

Contractor's Name: \_\_\_\_\_  
(Please Print or Type)

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

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

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

**Certification:**

**I hereby certify and attest 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 attached herein.**

**If other paid or unpaid employees perform the work outlined on building permit applications listing my company as a contractor, I am required by Kankakee County to submit proof of Workers' Compensation insurance. Any subcontractor with paid or unpaid employees performing work listed on building permit application submitted by my company will be required by Kankakee County to submit proof of Workers' Compensation insurance.**

**I acknowledge that if I am found in violation of Section 5-93 of the Contractor Licensing Ordinance that my Kankakee County Contractor's License may be suspended or revoked at such time. I further agree if I am found in violation of Section 5-93 to discontinue my participation in any and all construction within unincorporated Kankakee County until I submit proof of Workers' Compensation insurance.**

**I have read and understand the requirements set forth within this Affidavit for exclusion from obtaining Workers' Compensation insurance. I do hereby swear (or affirm) that the contents herein are true, correct and within my personal knowledge. I understand that the penalty of perjury applies to this document.**

\_\_\_\_\_  
Contractor's Signature                      Printed    Date

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
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 accepted.  
Kankakee County Contractor Licensing Program (Revised 12/2004)