

The City of



**EXEMPTION OF WORKER'S COMPENSATION
for licensed contractor
City of Andover, Kansas**

I, _____ doing business as a _____
contractor, under the company name of _____, do not come under
the requirements of the State of Kansas for worker's compensations insurance. Upon change of this status I
will notify the Building Official of Andover, Kansas.

Signed: _____

Date: _____

Subscribed and sworn to before me in my presence in the county of

_____, State of Kansas, this _____ day of _____, 20__.

Notary Public

The City of



EXEMPTION OF AUTOMOBILE INSURANCE
for licensed contractor
City of Andover, Kansas

I, _____ doing business as a _____
contractor, under the company name of _____, have no company
owned vehicles. All vehicles used for business purposes will be covered under personal automobile insurance.
Upon change of this status I will notify the Building Official of Andover, Kansas.

Signed: _____

Date: _____

Subscribed and sworn to before me in my presence in the county of
_____, State of Kansas, this _____ day of _____, 20__.

Notary Public