## Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3, or 4 Family, Owner – Occupied Residence

**Under penalty of perjury,** I certify that I am the owner of the 1, 2, 3 or 4 family, **owner occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because:

<u>PLEASE CHECK THE APPROPIATE BOX</u>	
I am performing all the work for which the building permit was issued	
I am not hiring, paying or compensating in any way, the individual (s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.	
I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of <b>less than 40 hours or more per week</b> (aggregate hours for paid individuals on the jobsite) for which the building permit was issued.	
I also agree to either:	
*acquire appropriate workers' compensation coverage acoverage on forms approved by the Chair of the NYS Workers' entity issuing the building permit if I need to hire or pay individu (aggregate hours for all paid individuals on the jobsite) for work  *have a general contractor, performing the work on the residence (including condominiums) listed on the building permappropriate proof of workers' compensation coverage or proof of approved by the Chair of the NYS Workers' Compensation Boar building permit if the project takes a total of 40 hours or more perindividuals on the jobsite) for work indicated on the building permit individuals on the building permits.	Compensation Board to the government tals of total of 40 hours or more per week indicated on the building permit: OR  1,2,3 or 4 family, owner occupied it that I am applying for, provide f exemption from that coverage on forms and to the government entity issuing the er week (aggregate hours for all paid
(Signature of Homeowner)	(Date Signed)
(Homeowner's Name Printed)	(Home Telephone Number)
Property Address/ building permit:	Sworn to before me this day of,
	(County Clerk or Notary Public)