



KENAI

City of Kenai | 210 Fidalgo Ave, Kenai, AK 99611-7794 | 907.283.7535 | www.kenai.city

WAIVER OF WORKER'S COMPENSATION COVERAGE

I certify that any work done in the City of Kenai right-of-way under my existing Yearly Excavation Permit will be done solely by myself. Therefore, the necessity for Worker's Compensation Insurance as per the Kenai Code, Section 18.20.030(c) is not applicable. I do not at this time have any employees working for me on any City projects. If at any time this should change, I will submit a new Certificate of Insurance that will include Worker's Compensation prior to commencing or continuing any work.

Company Name

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____
202__.

Notary Public in and for Alaska
My Commission Expires _____