



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared (Brent Bayler)
Name of Affiant
who, being duly sworn on this oath states as follows:

1. My name is Brent Bayler. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.
2. I am the sole proprietor, owner or partner of (Colonial Irrigation Services),
Name of Business
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- ☒ I am a sole proprietor and have no employees.
☐ I am a partner in a partnership with no employees.
☐ I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation

for (_____)
Name of Corporation

to be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees. A copy of the Notice of Employer's Exemption _____ is attached.
Date

3. I have not filed a notice to withdraw the exemption for my corporation with the Missouri Division of Workers' Compensation.
4. I understand that providing fraudulent information on this affidavit is unlawful under §§287.128 and 287.061 (3), RSMo, and is punishable with up to a year in jail and a \$10,000 fine for the first offense.

Brent Bayler 1/19/21
Affiant *Date*

STATE OF MISSOURI)
COUNTY OF Johnson)

Subscribed and sworn to before me this 19th day of January, 20 21

My Commission Expires: 01-12-2024

T. McWilliams
Notary Public

