



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 ( Jason Weatherman )  
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is Jason Weatherman. 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 ( Hone Solutions Group DBA AI Exterior )  
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to be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees.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.

Jason Weatherman  
Affiant

6/15/21  
Date

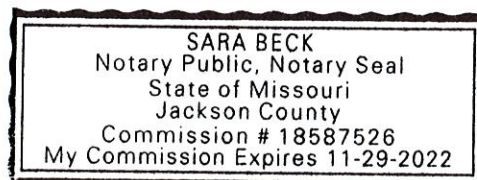
*7/12/2018  
Verified ID*

STATE OF MISSOURI )  
COUNTY OF Jackson )

Subscribed and sworn to before me this 15 day of June, 20 21

My Commission Expires: 11/29/22

Sara Beck  
Notary Public



(SEAL)