

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

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE PURSUANT TO \$ 287.061, RSMo

0,	TOROCALLI TO \$ 250000
Bef	ore me, the undersigned authority, personally appeared Trevor Wiest
	this each states or follows:
1.	My name is Trevor Wiest. I am of legal age and sound mind, capable or making units affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.
2.	I am the sole proprietor, owner or partner of Wies+ Homes LLC 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" as defined under the law, see page 2.
	I am a partner in a partnership with no "employees" as defined under the law, see page 2.
	I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division)
	for
	coverage because there are no more than two owners of the corporation who are also the only employees of the
	corporation. A copy of the acknowledgement letter from the Division dated is enclosed.
	Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.
	I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is no being carried out by persons who may be regarded as statutory employees.
4.	I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.
	To Wint 2-28-2024
	Affiant Date
	ATE OF MISSOURI)
	OUNTY OF Jackson
Su	bscribed and sworn to before me this _28 day of February ,20 24
M	Commission Expires: July le, 2027 JANET L. WHITE
(No	Notary Public (SEAL)
	Commission # 117885490