



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 ( Scott Swenehart )  
*Name of Affiant*

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

1. My name is Scott Swenehart. 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 ( Precision Pro 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.

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 ( Precision Pro LLC )  
*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to be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees.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 7/24/2024 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.

Scott Swenehart  
*Affiant*

7/24/2024  
*Date*

STATE OF MISSOURI )  
COUNTY OF Jackson )

Subscribed and sworn to before me this 24 day of July, 2024

My Commission Expires:

[Signature]  
Notary Public

SARAH JONA AGGELER  
Notary Public, Notary Seal  
State of Missouri  
Jackson County  
Commission # 24878648  
My Commission Expires 04-29-2028

(SEAL)