

**Insurance Declaration Affidavit
Worker's Compensation**

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared, _____, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized _____ of _____ (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. _____, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

Signature of Affiant

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE _____ DAY OF _____, 20__.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____