



**Metropolitan  
Area Building &  
Construction  
Department**

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - [www.sedgwickcounty.org](http://www.sedgwickcounty.org) - TEL: 316-660-1840 - FAX: 316-660-1810

## EXEMPTION OF AUTOMOBILE INSURANCE

I, \_\_\_\_\_, doing business as a licensed contractor, under the company name of \_\_\_\_\_,

**Companies under sole proprietorship must complete the Waiver in the following format:  
First name, last name DBA company name**

have no company owned vehicles. All vehicles used for business purposes would be covered under personal Automobile Insurance. Upon change of this status I will notify M. A. B. C. D.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me in my presence in the County of \_\_\_\_\_,  
State of Kansas, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Stamp: