METROPOLITAN AREA BUILDING & CONSTRUCTION DEPARTMENT
271 W. 3rd St. N., Suite 101, Wichita, KS 67202 • Phone (316) 660-1840 • Fax (316) 660-1810
SEDGWICKCOUNTY.ORG

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 are covered under personal Automobile Insurance. Upon change of this status I will notify MABCD.

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: