

WORKERS' COMPENSATION WAIVER

Note: This form applies ONLY to those Corporations OR Limited Liability Corporations (LLC) OR Sole Proprietors with NO additional employees

I understand that if I have any employees working for me,
I must maintain workers compensation insurance for them.

The following is a written waiver under the compulsory Workers' Compensation laws of the STATE OF ARIZONA, A.R.S. 23-901 (eL seq), and specifically A.R.S. 23-961 (L) that provides a Corporation, Limited Liability Corporation (LLC) or Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

_____ am performing
Name of Corporation OR LLC OR Sole Proprietor

work for _____ and am
Name of Association and/or Management Company

not an employee of _____
Name of Association and/or Management Company

for workers compensation purposes, and therefore, I am not entitled to workers

compensation benefits from _____.
Name of Association and/or Management Company

Name of Corporation OR LLC OR Sole Proprietor

Federal Tax ID Number (TIN or EIN of Corporation OR LLC) OR Social Security Number (SSN of Sole Proprietor)

Street Address / P.O. Box

City

State

Zip

Signature of Corporation OR LLC Representative OR Sole Proprietor

Date