

STATE COMPENSATION FUND
WORKERS' COMPENSATION INSURANCE

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE FUND POLICYHOLDERS UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES. IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. § 23-901 (et.seq.), and specifically, A.R.S. § 23-961(L), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as _____
(Name of Sole Proprietors Business)

I am performing work as an independent contractor for _____
(Name of Employer)

I am not the employee of _____, for workers' compensation
(Name of Employer)
purposes, and therefore, I am not entitled to workers' compensation benefits from

(Name of Employer)

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

Name of Sole Proprietor: _____
Social Security Number _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____

Signature of
Sole Proprietor: _____ Date _____

Name of Employer: _____ State Fund Policy # _____
Street
Address/P.O.Box: _____
City: _____ State: _____ Zip Code: _____

Signature of
Business Owner: _____ Date: _____

Both signatures must be signed and the completed form submitted to the State Compensation Fund. An authorized State Fund Representative will sign and return to the policyholder to be maintained in their records.

Signature of State Fund Representative

Date