

WORKERS' COMPENSATION WAIVER FORM

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/independent contractor and I am doing business as:

(Please Print – Company Name or Name of Sole Proprietor/Independent Contractor)

I am performing work as a company/sole proprietor/independent contractor for Agro Land & Cattle Co., Inc.

Therefore, neither myself not any of my staff are employees of Agro Land & Cattle Co., Inc. or any additional insureds as listed;

Therefore, for workers' compensation purposes, neither I nor any of my staff are entitled to workers' compensation benefits from Agro Land & Cattle Co., Inc.

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: _____ Date: _____

A copy of this waiver will be kept on file and will be available for audit purposes.