

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, AND UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES.

IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY (INCLUDING SINGLE MEMBER LLC), 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(M)**, 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 _____ .
I am performing work as an independent contractor for the State of Arizona, _____ , for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, _____ .
I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: _____
Telephone Number: _____
Street Address / P. O. Box: _____
City: _____ State: _____ ZIP Code: _____
Signature of Sole Proprietor: _____ Date: _____

Once top portion is completed please email to your State Agency representative for processing.

State Agency: _____ Agency #: _____
Contract Identification: _____
Signature of Agency Contract Administrator: _____ Date: _____

Both signatures must be signed and the completed form emailed to plinsurance@azdoa.gov. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Signature of Risk Management Authorized Signer _____ Date _____