

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. Please submit the completed form to your State agency contact.
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 _____