

## ARIZONA DEPARTMENT OF ADMINISTRATION

## RISK MANAGEMENT SECTION

100 North 15<sup>th</sup> Avenue, Suite #301 Phoenix, Arizona 85007 Telephone: (602) 542 2182; Facsimile: (602) 542 1800 On-line: 'azrisk.state.az.us'

## **SOLE PROPRIETOR WAIVER**

NOTE: THIS FORM APPLIES <u>ONLY</u> TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES 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(O), 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 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:
Social Security Number:
Telephone Number:()
Street Address / P.O.Box:
City:            Zip Code
Signature of Sole Proprietor:Date:
State Agency:        Agency #
Signature of Agency Contract Administrator:Date:
Both signatures must be signed and the completed form submitted to the State of Arizona Department of Administration, Risk Management Section, Insurance Unit, 100 North 15 <sup>th</sup> Avenue Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.