WDS Commercial, LLC
1130 E. Missouri
Phoenix AZ 85014
602-319-5282

Worker's 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(1), 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 WDS Commercial LLC for the job known as:_

Therefore, neither myself nor any of my staff are employees of WDS Commercial LLC. 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 WDS Commercial LLC.

I understand that if I have <u>any employees working for me</u>, 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.