



The following is a written waiver under the Compulsory Workers' Compensation laws of the State of Arizona A.R.S. § 23-901 and A.R.S. § 23-961 that provides that a Sole Proprietor may waive his or her rights to workers compensation coverage and benefits.

I am a sole proprietor and I am doing business as _____
(name of sole proprietor)

I am performing work as an independent contractor for _____
(name of employer)

I am not the employee of _____ for workers compensation
(name of employer)
purposes, and, therefore, I am not entitled to workers compensation benefits from them.

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/PO Box: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____
(sole proprietor)

Signature: _____ Date: _____
(carrier representative)

Send completed form to service@berkleynet.com.

This form is not valid until signed and dated by the sole proprietor prior to the date work begins for the employer and signed by the insurance carrier. If you have questions concerning this form and what it can be used for, contact your agent or BerkleyNet at service@berkleynet.com or 877-497-2637. This waiver will be kept on file and available for auditing purposes.