

Workers **Axemption**

Janice K. Brewer
Governor



Scott A. Smith
Director

ARIZONA DEPARTMENT OF ADMINISTRATION

RISK MANAGEMENT DIVISION

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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, 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 _____. 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 / PO Box _____	
City _____	State _____ Zip Code _____
Signature of Sole Proprietor: _____ Date _____	

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

Both signatures must be signed and the completed form submitted to: State of Arizona, Department of Administration, Risk Management Division, Insurance Unit, 100 North 15 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.

Signature of Risk Management Authorized Signer

Date

Print Form