

Workers Comp / Waiver

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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