



Risk Management Division

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 (INCLUDING SINGLE MEMBER LLC), 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(P), 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, Arizona Board Of Regents For And On Behalf Of Northern Arizona University, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, Arizona Board of Regents for and on behalf of Northern Arizona University. I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: _____

Telephone Number: (_____) _____ - _____

Street Address / P. O. Box: _____

City: _____ State: _____ ZIP Code: _____

Signature of Sole Proprietor: _____ Date: _____

State Agency: ABOR for and on behalf of Northern Arizona University Agency #: 416

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 15th 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



Sole Proprietor Waiver

Instructions

Insurance and Claims Services

Phone 928-523-6093 Fax 928-523-1343

PO Box 4067

Flagstaff, AZ 86011-4067

Although this State form says that it should be submitted to the State of Arizona, if you are working with Northern Arizona University (NAU), please send the completed and signed form to Insurance and Claims Services at P.O. Box 4067 or scan and email it to nau-insurance@nau.edu. Once we have reviewed this waiver and obtained the authorized signature(s) from NAU, we will send the form to the State of Arizona, Department of Administration, Risk Management Division, Insurance Unit.

This letter is to provide you with information to assist you in completing the attached form. Please ensure that you are a Sole Proprietor and NOT an Independent Contractor. If you are an Independent Contractor, do NOT fill in this form. If you have any questions regarding your status, please contact your legal counsel or the Arizona Industrial Commission's Legal Department at 602-542-5781.

1. On the first blank line (doing business as): Fill in your business name.
 - a. If you do not have a business name, put your name here.
2. Name of Sole Proprietor: This is your name and not your business name.
 - a. This should be the name of the person signing this form.
3. Telephone number: Including area code.
4. Street Address / PO Box, City, State, Zip Code: Please fill in accordingly.
5. Signature of Sole Proprietor, Date: Sign and date this form.

The remainder of the form is for NAU to complete and then we will send it to the State to sign.

Return this form to:

Mail: Insurance and Claims Services, PO Box 4067 Flagstaff, AZ 86011 or

Email: nau-insurance@nau.edu

Fax: (928) 523-1343

Thank you for your help with this matter.