



**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION**

100 North 15th Avenue, Suite #301
Phoenix, Arizona 85007
Telephone: (602) 542 2182; Facsimile: (602) 542 1800
On-line: 'azrisk.state.az.us'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, 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 _____ (name of Sole Proprietors Business). 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 / P.O.Box: _____
City: _____ State: _____ Zip Code _____
Signature of Sole Proprietor: _____ Date: _____

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

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, 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