

City of Tempe
Financial Services Department
Risk Management
Mail Stop 02-06
PO Box 5002
Tempe, AZ 85280
www.tempe.gov



**SOLE PROPRIETOR/LIMITED LIABILITY CORPORATION
WORKERS' COMPENSATION WAIVER FORM**

Arizona [law](#) generally requires all employers to maintain workers' compensation insurance covering employees.

ATTESTATION

I certify that I meet the following exception to the definition of "[employee](#)" under Arizona law, that I have not elected to be covered under a workers' compensation policy, and that neither I nor the company have any employees that would require workers' compensation coverage to be procured.

- I am (we are) a:
- Sole Proprietor
 - Working member of a limited liability company owning at least a 50% membership interest
 - Working shareholder of a corporation owning at least a 50% beneficial interest

Doing business as:

I am performing work as an independent contractor. I am not an employee of the City of Tempe for workers' compensation purposes, and, therefore, **I am not entitled to workers' compensation benefits from the City of Tempe.**

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Printed Name

Signature

Date

(Second equal working member/shareholder if not more than two equal members/shareholders)

Printed Name

Signature

Date