WORKERS' COMPENSATION WAIVER FORM

The Colorado Workers' Compensation Act 8-40-202(2)(b) provides that a Sole Proprietor/General Partner is not required to maintain Workers' Compensation coverage.

I certify that I am a sole proprietor/general partner and I am doing business as:

_____

*(Please **Print** Company Name and/or Name of Sole Proprietor/General Partner)*

And that I/my company do not have any employees.

I am performing work as an independent contractor for Larimer County. By signing below, I adopt the following statements:

1. Larimer County does not require that I work exclusively for it.
2. Larimer County does not establish quality standards or instruct the actual work done by you.
3. Larimer County is not paying a salary or an hourly rate.
4. Larimer County will not terminate the work or services during the contract period unless you violate the terms of the contract or fail to produce a result that meets the specifications of the contract.
5. Larimer County is not providing more than minimal training to you.
6. Larimer County is not providing tools or benefits to you; except that materials and equipment may be supplied.
7. Larimer County is not dictating the time of performance; except that a completion schedule and a range of negotiated and mutually agreeable work hours may be established.
8. Larimer County will not pay you personally instead of making checks payable to the trade or business name of such service provider.
9. Larimer County is not combining business operations with you.

I understand and agree that this performance of work does not constitute a contract of employment for the purpose of the Colorado Worker's Compensation Act, and that I am not entitled to workers' compensation benefits or any other benefits of employment from Larimer County, including but not limited to health care, vacation, or sick time.

Further, I understand that if I am injured while performing duties covered within the scope of this agreement the County shall not be liable for medical coverage or costs. Larimer County will not be liable and does not provide sole proprietor/general partner with insurance for personal injury or property damage.

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

Name of Sole Proprietor: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

_____ _____

Sole Proprietor/General Partner Signature Date: