

WORKERS' COMPENSATION WAIVER

If CONTRACTOR does not have any employees and does not wish to cover themselves for **workers' compensation**, the CONTRACTOR shall sign the following statement, as well as the agreement itself, to effect a fully initiated agreement:

I, as designated CONTRACTOR, do not have, nor intend to have, for the full term of this agreement any employees. Furthermore, I do not wish to obtain or be covered under any **workers' compensation insurance** coverage; and, therefore, am signing this waiver in lieu of providing **workers'** compensation, as outlined in the insurance requirements of this agreement.

Signature: _____

Date: _____

Business Name: _____

Send in electronic PDF format to Risk Management, at Riskmgmt@sanjoseca.gov or mail original to:

City of San Jose
Risk Management
200 East Santa Clara Street, 14th Floor Tower
San Jose, CA. 95113-1905