



ARIZONA SOLE PROPRIETOR WAIVER

Note: This form applies **only** in Arizona and to CopperPoint policyholders utilizing Sole Proprietors with no employees and must be signed and dated within the policy term to be considered valid.

Complete questions 1-5 (please type or print in blue or black)

1. I am a Sole Proprietor and I am doing business as:

Name of Sole Proprietor Business

2. I am performing work as an independent contractor for:

Name of Policyholders Business

3. I am not the employee of:

Name of Policyholders Business

for workers' compensation purposes.

4. Therefore, I am not entitled to workers compensation benefits from:

Name of Policyholders Business

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

5. Signature of Sole Proprietor:

Print Name

Signature

Date

Be prepared to provide these documents to us upon request in the event of a claim or premium audit.