



**ARIZONA DEPARTMENT OF ADMINISTRATION**

**RISK MANAGEMENT DIVISION**

100 North 15<sup>th</sup> 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: _____
Contract Identification: _____

Both signatures must be signed and the completed form submitted to: State of Arizona, Department of Administration, Risk Management Division, Insurance Unit, 100 North 15<sup>th</sup> 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