



5602 Elmwood Ave Ste 212
Indianapolis, IN 46203
317-862-8037

WORKERS COMPENSATION WAIVER AFFIDAVIT

The undersigned states the following:

I am the owner of the business legally identified as _____,
located at _____,
and I make this Affidavit from my personal knowledge as owner of the business.

My home state of _____, which is where my business is located
and began, specifically exempts my business from having workers compensation
insurance coverage due to being a Sole Proprietorship/Partnership. I am the owner, and
all workers are paid as subcontractors.

I am waiving my right to be covered for accidental injuries, including death resulting
there from, sustained by me and arising out of, and in the course of employment in
accordance with the Workers' Compensation Act.

Owners Signature

Owners Signature

Printed Name

Printed Name

Date

Date