

# Independent Contractor Waiver of Workers' Compensation Coverage

I \_\_\_\_\_ am an independent contractor, with no  
(Name of Contractor)

employees, no casual laborers, and no sub-contractors performing work for

\_\_\_\_\_.  
(Name of Employer)

I am not the employee of \_\_\_\_\_ for workers'  
(Name of Employer)

compensation purposes, and therefore, I am not entitled to workers' compensation benefits

under their policy coverage. I waive any and all rights to file any claims against said employer in

the event an accident should occur while I am performing work on their premises for the period

of \_\_\_\_\_ until \_\_\_\_\_.

Signed: \_\_\_\_\_  
(Name of Contractor)

Date: \_\_\_\_\_