



**Community Development
207 Muegge Way
Bennett, CO 80102
Telephone: 303-644-3249**

***Contractor Waiver for
Workers' Compensation Insurance***

I, **(print your name)**, _____ affirm that I am the Sole Proprietor and/or Owner of **(company name)**: _____, and my company listed above does not have any employees and is not required by the State of Colorado to carry Workers' Compensation Insurance.

I also affirm that if I hire subcontractors that they are in full compliance with Workman' Compensation insurance requirements for the State of Colorado and have also complied with Town of Bennett Contractor Registration requirements.

I agree that if I hire employees I will comply with the State of Colorado Workman Compensation requirements and submit proper documentation to the Town of Bennett before any further work is done under my Town of Bennett Contractor Registration.

I understand that failure to comply with these processes may restrict my Contractor Registration in the Town of Bennett.

Signature

Date

Printed Name