

Contractor Waiver for Workers' Compensation Insurance



welcome neighbors.

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 Worker's 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.

Printed Name

Signature

Date