

WORKMAN'S COMPENSATION WAIVER

I, the undersigned, have been informed that the Town of Basalt requires Workman's Compensation coverage in order to obtain a contractor's license.

I am a self-employed contractor with no employees.

I agree to supply the Town of Basalt with a Workman's Compensation certificate in the event that I have persons employed by my firm and acknowledge that my contractor's license will be rendered invalid if I employ persons without the required Workman's Compensation coverage.

Company Name

Signature

Date