

Contractor Waiver for Workers' Compensation Insurance

I, (print your name) _____

verify that I am the sole owner or partner of (print company name):

which has no employees and is not required by the State of Colorado to carry workers' compensation insurance.

I further state that if I hire subcontractors, they are in compliance with the State of Colorado Workers' Compensation insurance requirements and have obtained the required contractor's license from the City of Castle Pines.

Signature: _____

Date: _____