



# SOLE PROPRIETOR WAIVER/SINGLE MEMBER LLC WAIVER

NOTE: THIS FORM APPLIES ONLY TO SOLE PROPRIETORS OR SINGLE MEMBER LLC WITH NO EMPLOYEES. IF YOU ARE A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY (TREATED AS A CORPORATION OR PARTNERSHIP), OR A SOLE PROPRIETOR/SINGLE MEMBER LLC WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' compensation laws of the State of Arizona, A.R.S. §23-901 (et. seq.) and specifically, A.R.S. §23-961 (O), that provides that a Sole Proprietor may waive his/her rights to Workers Compensation coverage an benefits.

I am a Sole Proprietor or a Single Member LLC and I am doing business as:

\_\_\_\_\_.  
Name of Sole Proprietor / Single Member LLC

I am performing work as a Sole Proprietor/Single Member LLC for **ARIZONA GRAIN, INC.** I am not the employee of **ARIZONA GRAIN, INC.** for workers' compensation purposes, and therefore, I am not entitled to workers compensation benefits from **ARIZONA GRAIN, INC.** I agree to and understand that if I have employees, I am required to maintain workers' compensation insurance on them. Sole Proprietors/Single Member LLC's are required to provide a copy of their valid driver's license.

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

Name of Sole Proprietor/Single Member LLC: \_\_\_\_\_

Social Security Number / Tax Identification Number: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Sole Proprietor/Single Member: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_