**Workers Compensation Agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the sole owner and proprietor of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I agree that I am the only employee of the above mentioned company and currently I have no employees.

I am electing to not have workers’ compensation coverage. In the event that there is an accident at a residence that I am working on for **<<Your Company>>**, I will not hold **<<Your Company>>** liable for any costs associated with the injury. I understand that I am responsible for all medical costs, etc. associated with the injury.

In the event that I bring along a “helper” I understand that they are my responsibility and should they be injured on a job for **<<Your Company>>**, I will not hold **<<Your Company>>** liable.

By signing this agreement, I release **<<Your Company>>** of all liabilities associated with any injury that might occur while working on any residence managed by **<<Your Company>>**. Any and all litigation costs that might be incurred will be the responsibility of above mentioned contractor.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contractor Date

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **<<Your Company>>** Date