



**Workers' Compensation Coverage Waiver**  
If you do not have employees, please sign the waiver.

I, the undersigned, am aware that the State of California requires workers on construction sites to be covered by workers' compensation insurance, unless otherwise exempted; and I have been informed that Carrier requires proof of workers' compensation coverage for employees.

I understand that I am not insured for workers' compensation under the policy of Carrier or by any of the contractors whose job sites I may enter during the regular course of business.

I am self-employed with no employees and operate my business as an owner-operator.

I agree to supply Carrier with a workers' compensation certificate in the event that I have employees in the future and acknowledge that the Independent Contractor Sub-Haul Agreement will be rendered invalid if I employ persons without the required workers' compensation coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Motor Carrier Number (CA NUMBER)

\_\_\_\_\_  
Company Name

Initial \_\_\_\_\_