



Sole Proprietor Workers' Compensation Waiver

Note: This form applies only to sole proprietors with no employees.

I am a S-corporation and I am doing business as _____ (name of Sole Proprietor business). I certify that I do not have any employees and that I am not required to have worker's compensation insurance on myself. I understand that if I have any employees working for me in the future, I must maintain workers' compensation insurance. I acknowledge that I am a licensed subcontractor in my trade and my relationship with VESTA Housing Solutions LLC is that of a subcontractor, not an employee. I agree to hold Vesta Housing Solutions LLC harmless and waive any right of subrogation against VESTA Housing Solutions LLC in the event I am injured during the course of fulfilling the subcontractors scope of work. I agree to personally indemnify VESTA Housing Solutions LLC for any damages that may result from a breach of waiver.

Name

Company

Signature

Date