



Town of Carbondale
511 Colorado Avenue
Carbondale, CO 81623
(970) 963-2733

WORKMAN'S COMPENSATION WAIVER

I, the undersigned, am a self-employed contractor with no employees. I understand that the Town of Carbondale requires Workman's Compensation Insurance coverage as a condition for a contractor's license. As the sole employee of my firm, I waive Workman's Compensation coverage and understand that at such time as I hire employees, I will obtain said insurance coverage and supply a certificate to the Town or my license will be rendered invalid.

Signed: _____

Date: _____

Witness: _____

Date: _____