



ENTERPRISE RISK MANAGEMENT
1600 Holloway Avenue, ADM 260
San Francisco, CA 94132-4260
Tel: 415/338-2565
Fax: 415/338-0597

Request for Waiver of Workers' Compensation Insurance Requirement and Waiver of Claims

Vendor Name: _____

Address: _____

Legal Form: Sole Proprietor Other: (Describe): _____

Contact Person: _____ Telephone: _____

Nature of work to be performed for the University: _____

Declaration

1. I hereby warrant that the above named is not required to have Worker's Compensation coverage under California law. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above-mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding Workers' Compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold San Francisco State University ("University") harmless from loss or liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the University waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.
2. Acknowledging that I do not have Workers' Compensation coverage, I agree not to bring any claims against the University, which concern any injury, death or disability that potentially would have been covered by Workers' Compensation, including any work-related injuries which arise out of or are in any way connected with the performance of my obligations under the contract, and including any claims that could be covered by the University's Workers' Compensation coverage. I also agree to defend, hold harmless and indemnify the University for any such claims. I further acknowledge that prior to signing this waiver, I was given the opportunity to contact an attorney and that I understand and knowingly execute this document. I understand and acknowledge that this waiver is binding on me as well as my heirs and assigns.

Owner, Officer, Director, or Other Principal Signature

Print Name

Title

Date