This form is to be used if the awarded vendor is a sole proprietor and rejects the State's requirement of Workers Compensation.

Contact Risk Management for assistance at (775) 687-1750.

## **DEPARTMENT OF ADMINISTRATION**

## **RISK MANAGEMENT**

## AFFIDAVIT OF REJECTION OF INDUSTRIAL INSURANCE COVERAGE

STATE OF) ) ss. COUNTY )
I,, being first duly sworn, depose and state as follows under penalty of
perjury, and by my initials on each paragraph, I certify that I have read and understand each paragraph.
1. I make this affidavit for the purpose of rejecting industrial insurance coverage, pursuant to NRS
616B.627 and NRS 617.210, in connection with entering into a Contract with the State of Nevada or
political subdivision of the State of Nevada. After reviewing those statutes and the definitions of "sole
proprietor" in NRS 616A.310 and NRS 617.145, I believe I qualify to reject industrial insurance coverage,
and I covenant that I will not knowingly do anything that would disqualify me from rejecting industrial
insurance under those statutes, without first withdrawing this Affidavit of Rejection and obtaining all
statutorily required industrial insurance coverage.
2. I am a sole proprietor, as defined by NRS 616A.310 and NRS 617.145, who will not use the services of
any employees, subcontractors, or independent contractors in the performance of this Contract with
the State of Nevada.
3. In accordance with the provisions of NRS 616B.659, I have elected to reject the industrial insurance
terms, conditions, and provisions of NRS Chapters 616A to 616D inclusive. By doing so I acknowledge
that if I incur an industrial injury or occupational disease in the performance of this Contract that
waive and will be disqualified to receive any workers' compensation coverage pursuant to Nevada law
or the laws of any other state where I have waived coverage
4. In accordance with the provisions of NRS 617.225, I have elected to reject the workers' compensation
terms, conditions, and the provisions of NRS Chapter 617 as it relates to occupational diseases. By doing
so, I acknowledge that if I incur an industrial injury or occupational disease in the performance of this
Contract that I waive and will be disqualified to receive any workers' compensation or occupationa
disease benefits pursuant to Nevada law or the laws of any other state where I have waived coverage

5. I acknowledge that the State of Nevada will not be considered to be my employer or the employer of my employees, subcontractors or independent contractors, if any; and that the State of Nevada is not liable as a principal contractor to me or my employees, subcontractors or independent contractors for any compensation or other damages as a result of an industrial injury or occupational disease incurred

in the performance of this Contract
6. I acknowledge that by signing this waiver I am not eligible for any workers' compensation or
occupational disease benefits that I may be otherwise eligible, in the performance of this Contract.
acknowledge that should I incur any industrial injury or occupational disease in the performance of this
Contract that I will be responsible for any costs, including medical, disability and rehabilitation benefits
that I may incur
7. Prior to executing this affidavit, I have had a full and fair opportunity to answer any questions I may
have had regarding industrial insurance or occupational disease benefits and liabilities under Nevada
law, including the opportunity to consult with counsel of my choice, and this Waiver is made with full
knowledge of any liabilities that may incur
8. I have read the provisions of NRS Chapters 616A to 616D, inclusive, and NRS Chapter 617 and I am
otherwise in compliance with the terms, conditions and provisions thereof
9. I,, do hereby swear under penalty of perjury that the assertions of
this affidavit are true
NAME
SUBSCRIBED and SWORN to before me
by
this day of
Notary Public, in and for said
County and State