



7500 W. 29th Avenue * Wheat Ridge, CO 80033 * O: (303)235-2855 * F: (303)235-2857

Contractor Waiver for Workers' Compensation Insurance

I, (print your name), _____
verify that I am the sole owner or partner of (company name):

_____,
which has **no employees and is not required by the State of Colorado to carry workers' compensation insurance.**

I further state that if I hire contractors/subcontractors, they are in compliance with the State of Colorado Workers' Compensation insurance requirements, have obtained the required contractor's license from the City of Wheat Ridge and will be listed on the permit.

Signature: _____

Date: _____