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 SCF American Insurance Company SCF Indemnity Insurance Company SCF Western Insurance Company
 SCF Casualty Insurance Company SCF National Insurance Company

SOLE PROPRIETOR WAIVER/SINGLE MEMBER LLC WAIVER

Sole Proprietor to complete questions 1-5 (please type or print in blue or black)

Note: This form applies **only** to SCF policyholders utilizing Sole Proprietors or Single Member LLC with no employees. If you are contracting with a Corporation, Partnership, Limited Liability Company (treated as a Corporation or Partnership), or a Sole Proprietor/Single Member LLC with employees, this form **does not** apply.

The following is a written waiver under the compulsory workers' compensation laws of the State of Arizona, A.R.S. §23-901 (et.seq.), and specifically, A.R.S. § 23-961 (O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

1. I am a Sole Proprietor or a Single Member LLC and I am doing business as: _____
Name of Sole Proprietor/Single Member LLC Business
 2. I am performing work as a Sole Proprietor/Single Member LLC for: _____
Name of Policyholders Business
 3. I am not the employee of: _____ for workers' compensation purposes.
Name of Policyholders Business
 4. Therefore, I am not entitled to workers compensation benefits from: _____
Name of Policyholders Business
- I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.
5. Signature of Sole Proprietor/Single Member: _____ Date: _____

Policyholder to complete questions 6-13 (please type or print in blue or black)

6. Name of Sole Proprietor/Single Member: _____
7. Social Security Number: _____
8. Street Address/P.O. Box: _____ City: _____ State: _____ Zip Code: _____
9. Policyholder Business Name: _____ SCF Policy #: _____
10. Street Address/P.O. Box: _____ City: _____ State: _____ Zip Code: _____
11. Duration of the work to be performed is: _____ thru: _____
Beginning Date Ending Date

Notice: If accepted and validated, this Waiver will not be valid or effective beyond the end date listed above. *Work performed beyond the end date listed will require a new waiver or the remuneration for the work will be subject to premium charges.*

12. Signature of Policyholder: _____ Date: _____
Owner, Partner or Corporate Officer
13. Print Name of Above Signature: _____



and its subsidiary companies

Phone: 602.631.2600
Toll Free: 1.866.284.2694
Fax: 602.631.2599
Toll Free Fax: 1.866.617.5680

3030 N. 3rd Street, Phoenix, AZ 85012-3068

- Select Your Insurer
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SCF Western Insurance Company

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BUSINESS QUESTIONNAIRE

Please check appropriate box: Application Independent Contractor Sole Proprietor/Single Member

Company Name:

Check and Answer Questions

- 1. Do you have a federal tax I.D. number?
2. Have you filed Schedule C, Form 1040 on prior tax returns?
3. Have you paid self employment tax previously?
4. Do you invoice bill services to customers?
5. Do you carry business liability insurance?
6. Are you licensed by the Registrar of Contractors?
7. Do you have a business tax license?
8. Do you have a separate business bank account in the company name?
9. Do you have an investment in tools, equipment or inventory other than hand tools?
10. Do you maintain a business location other than your residence?
11. Are you paid by the hour or by the job?
12. Do you advertise in any publication (including the phone book?)
13. Who schedules the work to be done for the customer?
14. Who does the customer call if dissatisfied with your work?
15. Do you have a business accounting service to handle payroll, DES Reports, Business Taxes, Etc.?
16. List names of companies you are working for or are seeking work from.
17. Have you ever worked for the company requiring Certificates, either as a subcontractor or an employee?

Three proofs of business required from questions 1 thru 8

Signature of Applicant, Independent Contractor or Sole Proprietor/Single Member Date

Return Original To: SCF Arizona and its subsidiary companies, 3030 N. 3rd Street, Phoenix, AZ 85012-3068. Employer, retain copy for your file.