

County of Orange
Request for Waiver of Workers' Compensation Insurance Requirement

(To be completed by business, submitted to Purchasing or appropriate County Department. Department attaches to Risk Assessment or Modification of Insurance Terms form and submits to CEO/RISK Management)

Business Information:

Legal Name: _____

Address: _____

Legal Form: Sole Proprietorship Limited Partnership
 General Partnership Corporation Other: _____

Contact Name: _____

Telephone: _____ Email: _____

County Information:

Department: John Wayne Airport Contract/Purchase Number: Customer ID #

Contact Name: Erika Cortina Telephone: 949-252-6037 Fax: 949-252-6053

Nature of Work: Ground Transportation On County Property? YES NO

DECLARATIONS:

With respect to the above named business, I hereby declare and warrant that the business has no employees other than the owners, officers, directors, or partners who have elected to be exempt from Workers' Compensation coverage. I further warrant that I understand the requirements of Section 3700 et seq. of the named 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 requirements. I further agree to hold the County of Orange harmless from loss or liability that may arise from the failure of the above-named business to comply with any such laws or regulations. I, therefore, request that the County of Orange waive its requirement for evidence of Workers' Compensation Insurance regarding the above referenced work.

Name (print): _____

Signed: _____ Date: _____