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

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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: _____

Select Your Insurer ☐ SCF Arizona ☐ SCF General Insurance Company ☐ SCF Premier Insurance Company
☐ SCF American Insurance Company ☐ SCF Indemnity Insurance Company ☐ 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? ☐ Yes ☐ No

If yes, provide number: _____

2. Have you filed Schedule C, Form 1040 on prior tax returns? If yes, provide copy of last year's Schedule C, Form 1040. ☐ Yes ☐ No

6. Are you licensed by the Registrar of Contractors? If yes, provide copy of License. ☐ Yes ☐ No

3. Have you paid self employment tax previously? If yes, provide copy of FICA, Schedule SE 1040. ☐ Yes ☐ No

7. Do you have a business tax license? If yes, provide copy of License. ☐ Yes ☐ No

4. Do you invoice bill services to customers? If yes, provide copy of sample invoice. ☐ Yes ☐ No

8. Do you have a separate business bank account in the company name? If yes, provide a voided business check. ☐ Yes ☐ No

5. Do you carry business liability insurance? If yes, provide copy of policy or certificate of insurance. ☐ Yes ☐ No

Three proofs of business required from questions 1 thru 8

9. Do you have an investment in tools, equipment or inventory other than hand tools? ☐ Yes ☐ No

If yes, briefly list type of tools, inventory or equipment maintained: _____

10. Do you maintain a business location other than your residence? ☐ Yes ☐ No

If yes, provide address: _____

11. Are you paid by the hour or by the job? _____

12. Do you advertise in any publication (including the phone book?) ☐ Yes ☐ No

If yes, please identify publication name: _____

If no, how do you get new business? _____

13. Who schedules the work to be done for the customer? ☐ Yourself? ☐ Company that hired your services?

14. Who does the customer call if dissatisfied with your work? ☐ Yourself? ☐ Company that hired your services?

15. Do you have a business accounting service to handle payroll, DES Reports, Business Taxes, Etc.? ☐ Yes ☐ No

If yes, provide Name of Accountant: _____ Phone Number: _____

Address of Accountant: _____ City: _____ State: _____ ZIP: _____

16. List names of companies you are working for or are seeking work from. Identify those that will require a Certificate of Workers' Compensation Insurance _____

17. Have you ever worked for the company requiring Certificates, either as a subcontractor or an employee? ☐ Yes ☐ No

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.