



VENDOR WORKERS' COMPENSATION WAIVER FORM

We are required to maintain verification regarding workers' compensation coverage for all of our vendors that are contracted to provide a service and to release the City of Romulus of any and all liability for injuries that may occur while conducting business on City of Romulus Property.

1) Name of Vendor: (same as it appears on the W-9 form) _____

2) Federal Tax Identification Number or last 4 digits of Social Security No. _____

3) Number of Employees: _____

4) _____ I DO NOT carry Worker's Compensation Insurance. Please fill out the bottom half of this form. City Clerk is available for **FREE** notary services. (Monday – Friday, 8:00 am – 5:00 pm)

5) _____ I DO carry Worker's Compensation Insurance. Please attach a current Certificate of Insurance that displays workers' compensation coverage for the period of time the services will be performed for the City.

Please complete the following if you **DO NOT** have Workers' Compensation Insurance:

In consideration of the work I am performing for the City of Romulus and/or its departments and affiliates; and in lieu of required Workers' Compensation insurance, I hereby release and discharge, the City of Romulus, its Mayor, Council Members, Employees and Agents, from all liability to the undersigned, his/her personal representatives, employees, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demand based on injury to myself or my employee(s) that might occur while doing the work as agreed. I agree to be solely responsible for my own, and my employee(s) medical expenses.

Dated at: _____, on this _____ day of _____, _____

Signed: _____

STATE OF MICHIGAN, COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared

_____, who being duly sworn did state that s/he is not entitled to workers' compensation

benefits as indicated under Michigan's Law.

Seal/Stamp

Notary Public, _____ County

My Commission expires _____