

BONNEVILLE COUNTY
INDEPENDENT CONTRACTOR REQUEST FOR WAIVER OF WORKMAN'S
COMPENSATION AND/OR LIABILITY INSURANCE REQUIREMENTS

Contractors Name:

Date:

Doing Business As:

Employer Taxpayer Identification Number or Soc. Sec. Number:

- I hereby certify that I am a qualified independent contractor and that I am not required by Idaho law to carry workman's compensation insurance. I hereby request that the Board of County Commissioners waive the requirement for proof of workman's compensation insurance.
- I hereby request that the Board of County Commissioners waive the requirement for proof of liability insurance for the following reasons:

Contractor's Signature

Date: _____

(FOR COUNTY USE ONLY!)

Requesting Department or Office:

Estimated cost of workman's compensation insurance:

Costs to be paid for by: Bonneville County Contractor

Comments:

APPROVED BY:

Elected Official or Department Head Signature

Date: _____

Board of County Commissioners

Date: _____