

**Workers Comp - Exempt Status Form**  
(Sole Proprietors with NO EMPLOYEES)

- a. I have no employees and I am not required to carry workers compensation insurance
- b. I understand and agree that, as an independent contractor or sole proprietorship, I have no rights under BluSky's workers compensation policy
- c. I have health insurance that will cover any injuries I sustain while working for myself
- d. I have a personal disability insurance policy that will replace lost income if I am injured and unable to work
- e. I will not hold BluSky responsible for any injuries I sustain at a BluSky project or while fulfilling my contract

I hereby confirm that the above statements are true and correct.

Should the above information change in any way, I shall inform BluSky in writing of all such changes and provide BluSky's corporate office with the appropriate documents and will perform no work or services until such time as I maintain workers compensation insurance in compliance with the Subcontract Agreement or have correct all such changes.