



PennState

REQUEST FOR WAIVER OF WORKERS' COMPENSATION INSURANCE REQUIREMENT

The Pennsylvania Workers' Compensation Act mandates workers' compensation liability for any employer who employs at least one employee (who could be injured or develop a work-related disease). However, owners of sole proprietorships, general partnerships, and limited liability companies (LLC's), are excluded from the PA WC Act (the owners, not any of their employees) since these individuals are owners and not employees.

Pennsylvania Act 20 of 2011 (effective August 29, 2011) allowed sole proprietors, partners of partnerships, and member owners of limited liability companies (LLC's) to purchase Workers' Compensation insurance coverage on a voluntary basis – it is not mandated of such personnel nor of insurance carriers. Each insurance carrier is permitted to provide such coverage differently.

Note: other types of employers are also excluded from the Pennsylvania Workers' Compensation Act (such as the Federal Government, some agricultural workers, some casual and domestic workers, some executive officers of corporations, some real estate salespersons, and some members of religious beliefs that have been granted exemption by the Pennsylvania Department of Labor and Industry – this list is not exhaustive – please consult with the University's Risk Management Office for additional details). None of these additional classes of employers/employees are subject to the voluntary workers' compensation insurance coverage available as a result of Act 20 (above).

The attached form is to be used in situations where the University wishes to engage a sole proprietor, partnership, or a limited liability company (LLC) where such entity is not able to comply with or provide evidence of the University's Workers' Compensation and Employer's Liability insurance requirements. Other types of excluded employers must be reviewed and approved by the Risk Management Office on a case-by-case basis, not through the use of the attached form.

Any questions regarding this form can be directed to David Snowe either by phone (814) 863-4241 or email dcs28@psu.edu.

The form should be completed by an owner of the entity and returned to the Penn State office handling the related insurance certificate or contract.

**RISK MANAGEMENT REQUEST FORM
FOR WAIVER OF WORKERS' COMPENSATION INSURANCE REQUIREMENT**

Individual's Name: _____
Business Name (D/B/A): _____
Address: _____
Phone: _____
Email: _____

I, _____, hereby request that The Pennsylvania State University waive the requirement that I carry Workers' Compensation and Employers' Liability insurance in order to engage in business with the University. This request is for the following reasons:

1. My business is a Sole Proprietorship, Partnership, or Limited Liability Company (LLC), and I have not purchased voluntary Pennsylvania Workers' Compensation insurance;
2. I agree to be responsible for any injuries to myself or persons employed or otherwise engaged by myself or my business for the purpose of completing the obligations contained in the referenced job/contract;
3. In consideration for the requested waiver, I agree to indemnify and hold harmless The Pennsylvania State University from any and all claims for bodily injury, including death, and disability brought against The Pennsylvania State University or its trustees, officers, employees or agents by myself and/or persons employed or otherwise engaged by myself and my business, related, directly or indirectly, from my business with The Pennsylvania State University. I also agree that I, persons employed or otherwise engaged by myself and my business will not seek Workers' Compensation and Employers' Liability claims and benefits from The Pennsylvania State University Workers' Compensation and Employers' Liability programs.

Agreed to by:

SIGNATURE _____
DATE

TYPED OR PRINTED NAME

Once this form is completed and signed return to the Penn State office handling the related insurance certificate or contract.