

Affidavit Regarding Worker's Compensation Insurance (Sole Proprietorship)

Contractors must obtain a certificate of coverage which includes a certificate of insurance, a certificate of authority to self-insure issued by the Workers' Compensation Commission, or a coverage agreement, DWC-81, DWC-82, DWC-83, or DWC-84 (28 TAC 110.110 (c)(7), in accordance with Texas Labor Code 406.096) when performing building or construction work for a governmental entity.

Texas Labor Code 406.096 states:

- (a) A governmental entity that enters into a building or construction contract shall require the contractor to certify in writing that the contractor provides workers' compensation insurance coverage for each employee of the contractor employed on the public project.
- (b) Each subcontractor on the public project shall provide such a certificate relating to coverage of the subcontractor's employees to the general contractor, who shall provide the subcontractor's certificate to the governmental entity.
- (c) A contractor who has a contract that requires workers' compensation insurance coverage may provide the coverage through a group plan or other method satisfactory to the governing body of the governmental entity.

However, according to Texas Labor Code 406.097(c), sole proprietors may be exempt from this requirement notwithstanding Section 406.096. If the sole proprietors business is covered by worker's compensation insurance, then Section 406.097(a) states that the sole proprietor must be specifically excluded from coverage through an endorsement to the insurance policy or certificate of authority to self-insure in order to be exempt from the requirements of Section 406.096.

Affidavit

I hereby swear and attest that I am a sole proprietor authorized to do business in the State of Texas. I have provided a copy of relevant documentation attached hereto of (check the one that applies) () an endorsement to the insurance policy specifically excluding coverage or () a certificate of authority to self-insure. I do not operate as a general contractor and have no employees or subcontractors; therefore, I am exempt from providing worker's compensation insurance in accordance with the Texas Labor Code. If any circumstances change where I am no longer a sole proprietor, I will immediately cease the work assigned to me and notify the business office of Lewisville Independent School District.

Signature: _____
By: (printed name) _____
Company Name: _____

ACKNOWLEDGMENT

THE STATE OF TEXAS §
 §
COUNTY OF DENTON §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed in the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20_____.

Notary Public, State of Texas

Printed Name
Commission Expires: _____