



CPR Workers' Comp. Insurance Information Form

Please complete either Section A or Section B and return to CPR.

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SECTION A

I am covered by a Workers' Compensation Policy for all work I will be performing for CPR Multimedia Solutions.

Insurance Carrier: _____

Policy Number: _____

Insurance Agent/Broker: _____

Agent's Phone #: _____

*****Please attach current certificate of insurance to this page.**

Independent Contractor

Sign: _____

Print: _____

Date: _____

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SECTION B

I am not covered by a Workers' Compensation Policy for all work I will be performing for CPR Multimedia Solutions. I waive CPR Multimedia Solutions of any responsibility for any work-related accidents that may occur while I am contracted to CPR. I recognize that because I do not carry my own Workers' Compensation insurance, CPR may be limited in hiring me for future assignments.

Independent Contractor

Sign: _____

Print: _____

Date: _____