## AFFIDAVIT OF REJECTION OF COVERAGE FOR WORKERS' COMPENSATION UNDER NRS 616B.627 and NRS 617.210

STATE OF NEVADA ) ) ss. \_\_\_\_\_COUNTY )

\_\_\_\_\_, being first duly sworn, deposes and states:

- 1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.
- 2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the Nevada System of Higher Education.
- 3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.
- 4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
- 5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.
- 6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.
- 7. I acknowledge that the Nevada System of Higher Education will not be considered to be my employer or the employer of my employees, if any; and that the Nevada System of Higher Education is not liable as a principal contractor to me or my employees, if any, for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.
- 8. Further affiant sayeth not.

I, \_\_\_\_\_, do hereby swear under penalty of perjury that the

assertions of this affidavit are true.

NAME

SIGNED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_,

by \_\_\_\_\_.

NOTARY PUBLIC