

## REQUEST FOR WORKERS' COMPENSATION WAIVER

DATE: March 23, 2026

JOB/CONTRACTOR REFERENCE NUMBER:

To Whom It May Concern:

I \_\_\_\_\_ acknowledge that I am an independent contractor of The Curators of the University of Missouri for the above captioned job/contract.

In connection with the contract between us, I hereby request that The Curators of the University of Missouri waive the contractual obligation that I carry the standard Workers' Compensation and Employers' Liability insurance for the following reasons:

1. I have fewer than five (5) employees and, therefore, am not legally required to have such insurance;
2. I agree to be responsible for any injuries to myself or persons employed or otherwise engaged by myself for the purpose of completing the obligations contained in the captioned job/contract;
3. In consideration for the requested waiver, I agree to indemnify and hold harmless The Curators of the University of Missouri from any and all claims for personal injury, including death, brought against The Curators of the University of Missouri or its officers, employees or agents by myself and/or persons employed or otherwise engaged by myself and related, directly or indirectly, from our provision of services in completing the obligations contained in the captioned job/contract.

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SIGNATURE