

WORKERS' COMPENSATION INSURANCE WAIVER AND INDEMNIFICATION AGREEMENT

Workers' Compensation Insurance is a state-by-state mandated law and may be compulsory in your state or states of service. In the event your company does not maintain Workers' Compensation Insurance, you must complete and sign this form with a statement of your exemption.

Under penalties of law, I certify that:

In the applicable state(s) listed below, my company is exempt from maintaining Workers' Compensation Insurance for the following reason(s):

State(s) in which the applicable state law(s) applies: COLORADO


- I certify that, in accordance with local laws and/or regulations, I am exempt from obtaining Workers' Compensation Insurance in all of the jurisdictions in which my company performs work;
- I have received an exemption certificate from the State Workers' Compensation Office **(Must Attach)**;
- We qualify as a "Self-Insurer" and are exempt from the compulsory coverage **(Attached proof of Self-Insured Status)**;

I further acknowledge that by signing this Workers' Compensation Insurance Waiver and Indemnification Agreement, on behalf of the company below, and in my capacity as an authorized representative of the Company and including its employees, Owners, Officers, Members or Directors, (hereinafter collectively referred to as "Service Provider ") and in consideration of the Service Provider's participation in the provision of any services, the Service Provider hereby release, waive, discharge and covenant not to sue PlusOne Screening Solutions, Inc. or any entity that the Service Provider enters into a contract with to provide services, as well as their respective parents, subsidiaries or other affiliates, officers, agents or employees ("Releasees"). The Service Provider hereby releases and indemnifies such Releasees from any and all liability, claims, demands, actions and causes of action of any kind or nature arising out of or related to any loss, damage or injury, including death, that Service Provider may sustain resulting from participation in or in any way connected with providing the services, regardless of whether such liability arises in tort, contract, strict liability or otherwise.

Service Provider further covenants and agrees to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including attorneys' fees and court costs, they may incur arising out of or related to providing the services, whether caused by the negligence of the Releasees or otherwise. It is Service Provider's express intent that this Workers' Compensation Insurance Waiver and Indemnification Agreement ("Waiver and Release") bind the Service Provider, its officers, directors, shareholders and employees, and their respective family members, spouse, heirs, estates, assigns, personal representatives and anyone else entitled to act on Service Provider's behalf and to the extent they act on Service Provider's behalf, and is deemed as a release, waiver, discharge and covenant not to sue the Releasees.

In the event that Workers' Compensation Insurance is required at a later date, I will acquire the necessary Workers' Compensation Insurance according to the state requirements and report the coverage immediately providing proof of coverage. A certificate of such insurance will be provided to PlusOne Screening Solutions, Inc., at that time.

Company Name: QUALITY U EXPECT APPLIANCE REPAIR LLC Ph #: 3036693667

Signature of Company Owner or Officer: 

Printed Name of Company Owner or Officer: Skip Murphy Date: NOV 17 24

This form will remain on file and may serve as an accepted replacement of your workers' compensation coverage if your agreement stipulates "as required by applicable state law."

To help us locate your account, please include one of the following:

PlusOne ID: QUAL802298979

Business Address: 2322 E 101ST PL

THORNTON, CO, US, 80229

