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

STAT	E OF NEVADA)	
) ss. COUNTY)	
	,being first duly sworn, depos	es and states:
s 1.	. I make the following assertions pursuant to N	RS 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.	
assert	I, do hereby swear tions of this affidavit are true.	under penalty of perjury that the
	<u> </u>	IAME
	SIGNED and SWORN to before me this	_ day of,,
by	×	
	7	OTARY PUBLIC

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