

**AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION
UNDER NRS 616B.624 AND NRS 617.207**

STATE OF NEVADA)

_____) ss.
COUNTY)

_____, being first duly sworn, deposes and states:

1. I make the following assertions pursuant to NRS 616B.624 and NRS 617.207
2. I am an officer or manager of a quasi-public or non-profit corporation, a private corporation or limited liability company who does not receive pay for services performed as an officer, manager or employee of the corporation or company; or

 Please check if the above statement applies
3. I am a paid officer or manager of a corporation or company that I own. I will not use any employees in the performance of this Contract with the Nevada System of Higher Education.

 Please check if the above statement applies
4. In accordance with the provisions of NRS 616B.624 and NRS 617.207, I have not elected to be included in the terms, conditions and provisions of chapters 616A to 616D and 617 of the NRS.
5. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D and 617 of the NRS.
6. I acknowledge that the Nevada System of Higher Education will not be considered 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.
7. 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