



## Southwest Gas Referral Program Workers' Compensation Exemption Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Please Print)

I hereby certify that I am the sole proprietor of the Company listed above. I further certify that I have no employees working either directly or indirectly for my company. I consider myself and my company as exempt from providing Workers' Compensation coverage. If at any time in the future I am required to obtain coverage, I will notify Southwest Gas Corporation and provide them with an appropriate Certificate of Insurance attesting to such coverage. I further agree to indemnify, defend and hold Southwest Gas Corporation harmless from any and all workers' compensation insurance assessments, expense or claims attributable to any operation of my company on behalf of Southwest Gas Corporation.

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date