

## Owner-Operated Worker's Compensation Form

Legal Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different):  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

The above listed SafeCam Platinum Partner Integrator (Partner) hereby notifies the City of New Orleans (City) and the New Orleans Police & Justice Foundation (NOPJF) that it is an owner-operated business with no employees and therefore not required to carry worker's compensation insurance.

The Partner hereby acknowledges that if, at any time, the Partner hires any employees or if, for any reason, the Partner's worker's compensation insurance requirements change the Partner agrees to:

1. Immediately notify the City and the NOPJF.
2. Furnish two certificates of insurance for worker's compensation – one listing the City and one listing the NOPJF as an additional insured party on the policy.

It is also hereby acknowledged that the Partner shall provide certificates of insurance to the City and NOPJF, as described above, for any sub-contractors that the partner integrator intends to utilize. In the event that the sub-contractor is also an owner-operated business with no employees, this form shall be utilized for the sub-contractor.

Signature of Authorized Representative: \_\_\_\_\_

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