



Worker's Compensation Waiver Form

As a requirement to do business with Eclipse Transervices Corporation, all carriers must abide by the Worker's Compensation laws as governed by their applicable state. To meet our requirements, Eclipse Transervices Corporation will need evidence that your company has an active Worker's Compensation policy. In the event that your company is not required to carry Worker's Compensation you are required to sign the Indemnify and Hold Harmless statement below. Please send a copy of your certificate of insurance evidencing your Worker's Compensation coverage or sign this letter if you are not required to carry it.

(Company Name, Please Print) \_\_\_\_\_, Understands and agrees that Eclipse Transervices Corporation is not a carrier and that no subcontractor relationship exists between our company and Eclipse Transervices Corporation. We further agree that we shall indemnify and hold harmless Eclipse Transervices Corporation from all losses or incident with our employees, subcontractors and owner operators under the category of Employer's Liability.

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date Signed: \_\_\_\_\_