

ATTENTION: _____
OF THE COMPANY: _____
ADDRESS: _____

I, _____, a Sole Proprietor with no employees, will be providing _____ services to _____
(type of services) (dealership name)

on a periodic basis. I do understand that I am not entitled to Workers' Compensation benefits under Michigan's Law, therefore I am personally responsible for any injury(ies)/illness(es) I may sustain while performing my services for said Company.

Dated at: _____, on this _____ day of _____.

Sole Proprietor

STATE OF MICHIGAN)
) SS.
COUNTY OF _____)

On this _____ day of _____ 20____, before me personally appeared _____, who being by me duly sworn did say that he/she is a Sole Proprietor without having employees understands that he/she is not entitled to Workers' Compensation benefits as indicated under Michigan's Law, and will not hold responsible the above named Company he/she may provide services to for any injury(ies)/illness(es) he/she may sustain while performing such services.

Seal/
Stamp

Notary Public, _____ County

My commission expires: _____