



COMPLETE CARE
HOME WARRANTY
Workers Compensation Waiver

Please complete and return this form if Workers Compensation is NOT applicable to your firm.

Company Name _____

Address _____

City, State, Zip _____

Owner's Name _____

I, _____, certify I am the sole Owner/Operator of the company listed above and I do not have any employees.

I, _____, will provide a Certificate of Insurance for Workers Compensation to Complete Care Home Warranty within 15 days of hiring any employee.

Signature _____

Date _____

Send Complete Applications via Mail or Email: info@CompleteCareHomeWarranty.com

Complete Care Home Warranty • 936 Kings Highway • Brooklyn, NY 11223

info@CompleteCareHomeWarranty.com