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AFFIDAVIT OF REJECTION OF COVERAGE FOR WORKERS' COMPENSATION OWNER/OFFICER OR MANAGER OF AN LLC UNDER NRS 616B.624 AND NRS 617.207

STATE OF NEVADA)
) ss.
_____ COUNTY)

_____, (print declarant's name):

1. I make the following assertions pursuant to NRS 616B.624 and NRS 617.207

2. I am an officer or manager of a quasi-public or non-profit corporation, a private corporation or limited liability company who does not receive pay for services performed as an officer, manager or employee of the corporation or company; or

   ☐ **Please check if the above statement applies**

3. I am a paid officer or manager of a corporation or company that I own. I will not use any employees in the performance of this Contract with the Nevada System of Higher Education.

   ☐ **Please check if the above statement applies**

4. In accordance with the provisions of NRS 616B.624 and NRS 617.207, I have not elected to be included in the terms, conditions and provisions of chapters 616A to 616D and 617 of the NRS.

5. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D and 617 of the NRS.

6. I acknowledge that the Nevada System of Higher Education will not be considered my employer or the employer of my employees, if any; and that the Nevada System of Higher Education is not liable as a principal contractor to me or my employees, if any; for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this contract.

7. Further affiant sayeth not.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.
Executed on (date): _____ Signature:_____

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