**AFFIDAVIT OF REJECTION OF COVERAGE**
**UNDER NRS 616B.627 and NRS 617.210**

STATE OF NEVADA )
) ss.
_____ COUNTY )

_____, being first duly sworn, deposes and states:

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.

2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the State of Nevada.

3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating to .

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

5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.

6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.

7. I acknowledge that the State of Nevada will not be considered to be my employer or the employer of my employees, if any; and that the State of Nevada 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.

8. Further affiant sayeth not.

I, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

_____

NAME_____

SIGNED and SWORN to before me this ___ day of _____, _____, by _____.

_____
NOTARY PUBLIC