Contractor's Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with [Section 406.096 “REQUIRED COVERAGE FOR CERTAIN BUILDING OR CONSTRUCTION CONTRACTORS”](http://www.statutes.legis.state.tx.us/Docs/LA/htm/LA.406.htm#406.096) of the TEXAS LABOR CODE, I have marked below one of the following certifications as applicable to the contracted work I intend to perform for TEXAS STATE on the above named project:

[ ] "PROOF OF COVERAGE" CERTIFICATION

I certify that workers' compensation insurance coverage will be in force for each employee or subcontractor that I will employ to do the work on the above named project; and I will be responsible to insure that such coverage is maintained for the duration of the project.

I agree to furnish, upon request from TEXAS STATE, proof of such workers' compensation insurance coverage. I agree to indemnify and hold TEXAS STATE and its employees harmless from all claims that may arise from my, any employee's or subcontractor's work on this project.

OR

[ ] "EXEMPTION" CERTIFICATION

I certify that I will not have employees or subcontractors employed on the project described. I will perform all work on this project personally as an independent contractor, rather than as an employee of TEXAS STATE. I agree to indemnify and hold TEXAS STATE and its employees harmless from all claims that may arise from my work on this project.

Further, I understand that I am not covered by workers' compensation insurance while working on this project and release Texas State and its employees from liability for my death or for any injury to me or damage to my property that may occur in connection with this work, regardless of whether such death, injury, or damage is caused by the negligence of those indemnified.

I intend to indemnify TEXAS STATE and its employees from the consequences for their own negligence, whether that negligence is the sole, or concurring, cause of the death, injury, or damage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

**Contractor's (or Authorized Representative's) Signature** **Date**