

WAIVER FORM – LAS VEGAS 2022

WORKERS' COMPENSATION WAIVER

I am performing work as a company/sole proprietor/independent contractor at the Barrett-Jackson event;
therefore, neither myself nor any of my event staff are employees of Barrett-Jackson Auction Company LLC and/or any additional insureds as listed;
therefore, for workers' compensation purposes, neither myself nor any of my event staff are entitled to workers' compensation benefits from:

**BARRETT-JACKSON HOLDINGS LLC
BARRETT-JACKSON AUCTION COMPANY LLC
JACKSON FAMILY FOUNDATION
LAS VEGAS CONVENTION AND VISITORS AUTHORITY**

**CRAIG JACKSON INVESTMENTS FLP
JACKSON PRODUCTIONS INC
THE EXPO GROUP, LLC**

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

SPECIAL FORM CAUSES OF LOSS INSURANCE WAIVER

I understand that Barrett-Jackson Auction Company LLC and/or any additional insureds as listed are not responsible for damage by fire, theft or malicious damage to exhibits, tools, and other property that myself and/or any of my event staff have provided for this event.

Therefore, I and/or any of my event staff are not entitled to fire, theft or malicious damage benefits or coverage for these items from:

**BARRETT-JACKSON HOLDINGS LLC
BARRETT-JACKSON AUCTION COMPANY LLC
JACKSON FAMILY FOUNDATION
LAS VEGAS CONVENTION AND VISITORS AUTHORITY**

**CRAIG JACKSON INVESTMENTS FLP
JACKSON PRODUCTIONS INC
THE EXPO GROUP, LLC**

Please select either or both of the following waivers as appropriate for coverage that will not be included on the certificate of insurance you will be providing.

- WORKERS' COMPENSATION WAIVER**
- SPECIAL FORM CAUSES OF LOSS INSURANCE WAIVER**

(Please Print - Company Name or Name of Sole Proprietor/Independent Contractor)

Print Name

Signature

Date

A copy of this waiver will be submitted to Barrett-Jackson Auction Company's insurance carrier. Barrett-Jackson Auction Company LLC will maintain a copy of this waiver and make it available for audit purposes.