

# WAIVER FORM – SCOTTSDALE 2023

## 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 Auction Company LLC**  
**Craig Jackson Investments FLP**  
**Jackson Family Foundation**  
**IMG Auction Company, LLC**  
**RDK Enterprises Inc.**

**Barrett-Jackson Holdings LLC**  
**Jackson Productions Inc**  
**WestWorld of Scottsdale**  
**U.S. Bureau of Reclamation**  
**City of Scottsdale**

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 Auction Company LLC**  
**Craig Jackson Investments FLP**  
**Jackson Family Foundation**  
**IMG Auction Company, LLC**  
**RDK Enterprises Inc.**

**Barrett-Jackson Holdings LLC**  
**Jackson Productions Inc**  
**WestWorld of Scottsdale**  
**U.S. Bureau of Reclamation**  
**City of Scottsdale**

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 may 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.

**Submit waiver via email to [insurance@barrett-jackson.com](mailto:insurance@barrett-jackson.com)**

*You must write the vendor/business name in the subject line of the email*