WAIVER FORM – NEW ORLEANS 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 Barrett-Jackson Holdings LLC Jackson Family Foundation Jackson Productions Inc City of New Orleans** IMG Auction Company, LLC New Orleans Public Facility Management, Inc. New Orleans Ernest N. Moral Convention Center **AEX/Texas XPO** 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 Barrett-Jackson Holdings LLC Jackson Family Foundation Jackson Productions Inc City of New Orleans IMG Auction Company, LLC** New Orleans Public Facility Management, Inc. **New Orleans Ernest N. Moral Convention Center AEX/Texas XPO** 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

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.

Signature

Date

Submit waiver via email to insurance@barrett-jackson.com