

# VENDOR ACKNOWLEDGMENT OF INSURANCE RESPONSIBILITY



Please select which Black Diamond entity you will be working for:

BOXX Modular Inc.

Black Diamond Energy Services, Inc.

MPA Systems LLC

**Attention: HSE Department**

As a vendor I,

doing business as,

*Name*

*Company Name*

Am a sole proprietor and as such I attest, I have no employees - **OR** -

Have fewer than 5 employees or fewer than the number of employees as required by the State in which the business is conducting the work

In this regard, I have elected not to purchase or carry Worker's Compensation Insurance on my own or my employees' behalf. When engaged in work I am an independent contractor and as such, I will not look to Black Diamond Group for coverage under its policies of insurance nor will I hold Black Diamond Group responsible for any injuries I or the employees for my company may receive as a result of my own or the employees of my company's own negligence while performing work for Black Diamond Group.

I also understand and agree that if I hire, broker, or lease employees, it is my sole responsibility to immediately obtain Worker's Compensation Insurance for these employees or demand a certificate of insurance as evidence that they carry their own Worker's Compensation Insurance. I further agree that I must furnish to Black Diamond Group copies of these certificates.

In witness whereof, I have signed this letter of acknowledgment this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Vendor Name

Vendor Signature

Vendor Address

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## Employees of Company

In witness whereof,  
I have signed this letter of acknowledgment that I, an employee of

*Company Name*

am aware the company I am employed with does not provide Worker's Compensation Insurance and I understand that I will not hold Black Diamond Group or any subsidiary companies responsible for any injuries received as a result of my own negligence while performing jobs for Black Diamond Group.

Signed on this      Day of      , 20

Employee 1 Name      Employee 1 Signature

Employee 2 Name      Employee 2 Signature

Employee 3 Name      Employee 3 Signature

Employee 4 Name      Employee 4 Signature

Employee 5 Name      Employee 5 Signature