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Workers' Compensation Information Form

Please complete either Section A or Section B and return to IHSSN.

SECTION A

I am covered by a Workers' Compensation Policy for all work I will be performing for The Iowa High School Sports Network, and Krogman & Associates, LLC.

Insurance Carrier: _____

Policy Number: _____

Insurance Agent/Broker: _____

Agent's Phone #: _____

*****Please attach current certificate of insurance to this page.**

Independent Contractor

Sign: _____

Print: _____

Date: _____

SECTION B

I am not covered by a Workers' Compensation Policy for all work I will be performing for The Iowa High School Sports Network, and Krogman & Associates, LLC. I waive The Iowa High School Sports Network, and Krogman & Associates, LLC., of any responsibility for any work-related accidents that may occur while I am contracted to The Iowa High School Sports Network, and Krogman & Associates, LLC.

Independent Contractor

Sign: _____

Print: _____

Date: _____