GENESEE COUNTY
OFFICE OF FISCAL SERVICES

**RISK MANAGEMENT DIVISION**
1101 Beach Street, 3rd Floor Flint, Michigan 48502
Phone: (810) 257-2628 Fax (810) 257-3502

# COUNTY OF GENESEE
# SOLE PROPRIETOR WORKERS' COMPENSATION RELEASE FORM

I, Heidi Shock, as an independent contractor performing work and/or services for the County of Genesee, acknowledge that I am a Sole Proprietor business and will not employ any person(s) in the work to be performed for the County of Genesee under this contract (_____).

I am familiar with the requirements of the Workers' Disability Compensation Act, and as a Sole Proprietor with no employees, I further acknowledge that I am not subject to the Workers' Disability Compensation Act of the State of Michigan.

In consideration of being awarded this contract, I agree to indemnify any and all claims against the County and to hold harmless the County of Genesee from any and all injuries or illnesses that I may sustain during the course or as a result of this contract.

I hereby agree to notify the County of Genesee in writing prior to hiring any person(s), full time or part time, to assist in this contract and to secure workers' compensation insurance prior to any person beginning work or assisting in the performance or work under this contract or otherwise become subject to the Workers' Disability Compensation Act of Michigan.

Heidi Shock — Signature (contractor)

07/31/25 — Date

[signature] — Witness (other than relative)

7/31/25 — Date

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# RELEASE OF AUTO LIABILITY & AUTO PHYSICAL DAMAGE

As an independent contractor performing work and/or services for Genesee County, I understand that I am not an employee of the County and further understand that I assume all auto liability and auto physical damage, and property damage, for all vehicles used during the duration of the contract with Genesee County.

☑ I, Heidi Shock have also provided proof of my personal auto liability and physical damage coverage to Genesee County Risk Management and represent that if my insurance company requires a special rider/additional coverage for use of a personal vehicle in the course and scope of my business, I have obtained that rider/additional coverage

Dated this 31st day of 07, 2025.

Signature Heidi Shock

Witness