

(Business Name) _____

Workers' Compensation Agreement

The following parties, (Business Name) _____ and the undersigned employee, agree as follows:

1. That they are subject to the workers' compensation laws of the State of Alabama.
2. That the employee has been hired in (City) _____, Alabama after completing the appropriate interviews, driving examination, written examination, physical examination and any other pre-employment requirements.
3. In further consideration of (Business Name) _____ hiring the employee whose duties include traveling regularly in the service of (Business Name) _____ in Alabama and one or more other states, it is agreed as follows:

That any and all workers' compensation claims for on-the-job injuries that I, as an employee (Business Name) _____ may have arising out of the operation of a motor vehicle and/or any claims that may occur in the line and scope of my employment with (Business Name) _____. shall be exclusively governed by the workers' compensation laws of the State of Alabama. Further, the employee agrees with (Business Name) _____ that for the purpose of Workers' Compensation, the employee's employment is principally localized within the State of Alabama and that the company's principal place of business is (City) _____, Alabama.

This agreement is substantially in compliance with the provision of the Alabama Workers' Compensation Act §25-5-35 ©of the Ala. Code, 1975 and the decision of Heater v Tri-State Motor Transit Co., 644 So. 2nd 25 (Ala. Civ. App. 1994).

It is further agreed that the place of residence of the employee shall and will have no effect on this agreement.

It is further agreed that the place of injury of the employee shall have no effect on this agreement. (Business Name) _____ will pay for medical care rendered by the company authorized physicians only. It is understood that the employee is responsible for any and all cost of medical care rendered by any and all unauthorized physician's except in the case of an emergency.

In the signing of this agreement the employee acknowledges, I have read, understood and received a copy of this Workers' Compensation Agreement.

Employee Print Name

Date

Employee Signature

Witness

Date