



INDEPENDENT CONTRACTOR STATEMENT

PLEASE COMPLETE THE FORM IN ITS ENTIRETY TO MAKE A DETERMINATION WHETHER THE SUBCONTRACTOR BELOW IS PERFORMING AS AN INDEPENDENT CONTRACTOR

Section 1: TO BE COMPLETED BY INDEPENDENT CONTRACTOR

Name: _____

Doing Business as (DBA): _____

- 1. I operate as a: Sole Proprietorship Partnership Corporation Limited Liability Company

Note: If indicating Partnership, Corporation, or Limited Liability Company, a **Certificate of Insurance must be submitted.**

- 2. The type of work I perform can be described as: _____

- 3. I hired employees or laborers to complete work for the named policyholder:
 - Yes Number hired _____ **(Certificate of Insurance Required.)**
 - No A 1040 Schedule C Profit or Loss from Business form may be provided as verification.

- 4. I hired temporary labor to complete work for the named policyholder: Yes No
If YES, Certificate of Insurance for the subcontractors is required.

- 5. I have General Liability coverage: Yes No **If YES, Certificate of Insurance Required.**

- 6. To validate my standing as an independent contractor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the policy period in question.

	<u>Name</u>	<u>City</u>	<u>Telephone</u>
1.			(___) ___ - ____
2.			(___) ___ - ____
3.			(___) ___ - ____

I acknowledge that as an independent contractor, I am by law not covered by or subject to the Workers' Compensation Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: _____ Dated: _____
(Independent Contractor)

Phone Number: _____ Web Address: _____
(Required)

This form is utilized as a test of the above individual's Independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. If independent status is proven, the exposure will not be charged.