



Fund Member: Mecosta County

Policy Year: 2018

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Subcontractor Name: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

1. I operate as:  Sole Proprietor  Partnership  Corporation  Limited Liability Company

Note: If indicating Partnership, Corporation, or Limited Liability Company, a Certificate of Workers' Compensation insurance or a properly filed BWC 337 form must be submitted.

2. The type of work I performed can be described as: \_\_\_\_\_

3. I hire employees or casual laborers to complete work for the named policyholder:

- Yes You must attach a certificate of Workers Compensation Insurance
 No Form 1040 schedule C may be provided as verification

4. I hire subcontractors or casual laborers to complete work for the named policy holder:  Yes  No

5. I have General Liability and/or Professional Liability Coverage:  Yes  No

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 past twelve months.

Table with 3 columns: Name, City, Phone. Rows 1, 2, 3.

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_
(Independent Contractor)

Phone Number: \_\_\_\_\_ Email 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. Additional information may be required. If independent status is proven, the exposure will not be charged.