

INDEPENDENT CONTRACTOR STATEMENT

The following information must be provided in order to determine as to whether an independent contractor situation exists:

Name of Policyholder:	
Policy Number:	Policy Period:

I, _____ DBA: _____

am a ___ sole proprietorship, ___ partnership, ___ corporation.

I ___ have / ___ have not hired any employees, casual laborers, or subcontractors.

My Federal I.D. Number is: _____

I ___ did/ ___ did not provide all materials/equipment needed while working for the above insured.

For the above mentioned policy period, my total gross income was \$ _____, of which

\$ _____ was paid by the above named insured.

I ___ do/ ___ do not have an Assumed Name Certificate on file with _____ County.
(If one is on file, please provide a copy).

I ___ do/ ___ do not have a general liability coverage. If a certificate of general liability is available, please provide a copy.

To further validate my standing as an independent contractor, I state that **I have not worked exclusively** for the above named insured, and have worked for the following general contractors or clients during the period in question.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Signed _____

Dated _____