SOLE PROPRIETOR STATEMENT

NOTICE TO SUBCONTRACTORS

We have been informed by our insurance company that we must keep on file a copy of Certificates of Insurance, showing workers' compensation coverage for our subcontractors.

Alternatively, if you are a SOLE PROPRIETOR/SUBCONTRACTOR, WITH NO EMPLOYEES, the following information will be acceptable in lieu of a Certificate. However, ALL INFORMATION MUST BE COMPLETED AND RECEIVED FOR VALIDITY:

Name of Subcontractor/Sole Proprietor: _____

1. My Social Security Number/Federal Identification Number (please circle one) is: _____

2. Please attach a copy of the assumed name you have filed with the county.

3. Please attach a copy of the contract you have with our company.

4. Please complete the following statement:

   I _____ am a sole proprietor,
   (state your name here)
   with no employees, and I have not had any employees during the audited

   period of _____ to _____.
   (fill in date) (fill in date)

   _____
   Signature

5. In addition to the above, please attach two (2) other pieces of documentation, showing your Independent Contractor Status; items such as, your billing for service performed, business card, telephone or newspaper advertisement, copy of your contractor's license, or a Certificate of Insurance showing that you carry public liability insurance.

6. Please list below other general contractors whom you have worked for in the last six (6) months (include names and address):

   _____ _____
   _____ _____
   _____ _____

   _____ _____
   _____ _____
   _____ _____
   _____ _____
   _____ _____