

WORKERS' COMPENSATION WAIVER FORM FOR INDEPENDENT CONTRACTORS

Please complete all sections of this form in full. For section 1-13, provide Yes or No answers and any other details.

Insured's Policy Number: _____

Contractor Name: _____

Date(s) of service: _____

1. Do you (the subcontractor) perform the same services for others, and not primarily for the insured?

2. Do you (the subcontractor) perform the job without the insured ever offering restrictions as to how to do the job?

3. Do you (the subcontractor) furnish your own supplies used in the job?

4. Do you (the subcontractor) determine your own work hours and schedule?

5. Do you (the subcontractor) provide and maintain your own equipment and tools?

6. Do you (the subcontractor) advertise?

7. Are you (the subcontractor) to be paid a fixed "bid" or "contract" amount rather than being paid on an hourly, daily, or piecework basis?

8. Is the full bid or contract amount agreed to before work commences?

9. Is the nature of your work separate in location or duties from those operations and tasks done by the insured, the insured's employees, or other subcontractors on the job?

10. Are you (the subcontractor) registered as required by various regulatory or taxing authorities?

11. Do you (the subcontractor) perform the job completely without assistance from the insured, the insured's employees or other subcontractors?

12. Do you (the subcontractor) have financial bonding or liability insurance for work performed?

13. Do you (the subcontractor) pay all state and federal withholding taxes, social security and other taxes?

Contractor's Signature

Date