

MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY

INDEPENDENT CONTRACTOR WORKSHEET

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Policyholder Name form is being filled out for: _____

Subcontractor Name: _____

Doing Business As (DBA): _____

If DBA is filed, attach a copy.

1. I operate as a: 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 Form BWC-337 must be submitted.**

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

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

Yes _____ Number hired (Attach Certificate of Workers' Compensation Insurance)

No Form 1040 SCHEDULE C (Profit or Loss from Business) may be provided as verification.

4. I hire subcontractors to complete work for the named policyholder: Yes No

If yes, additional information may be required.

5. I have General Liability coverage: Yes No

If yes, a Certificate of General Liability Insurance is 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 past twelve months.

	NAME	CITY	TELEPHONE
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 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: _____ 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.