

Independent Contractor Statement for Sole Proprietorship

Please provide the following information for the current year work is performed.

Name of subcontractor: _____

Social security number: _____

Number of employees: _____

Name of General Liability Carrier: _____

(Attach a certificate of liability insurance)

Attach a copy of a business card, letterhead or advertising copy.

List of other businesses or individuals that you have done work for in the past 12 months:

The above information is true to the best of my knowledge. I understand that signing this form will exclude me from workers compensation benefits.

Signature of Subcontractor and Date