

SOLE PROPRIETOR/INDEPENDENT CONTRACTOR

I AM A SOLE PROPRIETOR AND I AM DOING BUSINESS AS [Independent Contractor's Name]

I AM PERFORMING WORK AS AN INDEPENDENT CONTRACTOR FOR _____

[Local's Name]

· I AM NOT THE EMPLOYEE OF _____

[Local's Name]

FOR WORKERS' COMPENSATION PURPOSES,

AND THEREFORE, I AM NOT ENTITLED TO WORKERS' COMPENSATION BENEFITS FROM _____

[Local's Name]

· I UNDERSTAND THAT IF I HAVE ANY EMPLOYEES

WORKING FOR ME, I MUST MAINTAIN WORKERS' COMPENSATION INSURANCE ON THEM.

[Independent Contractor Signature]

SOLE PROPRIETOR

DATE

[Leave blank unless contractor has worker's comp insurance]

INSURANCE CARRIER

DATE