

**DETERMINATION OF INDEPENDENT CONTRACTOR STATUS**  
**For Workers' Compensation Insurance Coverage**

**Note to subcontractor:** Please complete this form and return it to the person or business for which you are performing the contracted work. Please also attach copies of your insurance certificate and/or your Independent Contractor Registration.

Subcontractor Business Name \_\_\_\_\_

Operates as: sole proprietor \_\_\_\_\_ partnership \_\_\_\_\_ corporation \_\_\_\_\_

Dates work is to be performed \_\_\_\_\_

Yes    No

       Do you plan to use or hire employees, casual labor or subcontractors during the dates for which work will be done?

       Do you maintain a separate business with your own office, equipment and materials?

       Will you be working for specific amounts of money and controlling how the work is done?

       Do you have, or have you applied for, a Federal Employer Identification Number?  
Enter your FEIN \_\_\_\_\_

       Will you incur the main expenses related to the work performed?

       Are you responsible for the satisfactory completion of the work you have contracted to perform and are you liable for failure to complete it?

       Will you receive compensation for work performed under the contract on a commission or per-job basis and not on any other basis?

       Will you realize a profit or loss under the contract?

       Do you have recurring business liabilities or obligations?

       Does the success of your business depend on business receipts being sufficient to cover expenses?

       Are you performing services that are fundamental to the business you are contracting with?

Signature \_\_\_\_\_ Date \_\_\_\_\_