



INDEPENDENT CONTRACTOR STATEMENT

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Subcontractor Name: _____

Doing Business As (DBA): _____

Federal Tax ID Number or last 4 digits of Social Security Number: _____

1. I operate as a: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
 - 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. Do you hire any employees, casual labor or subcontractors with employees: ☐ Yes ☐ No
4. Do you have General Liability Insurance: ☐ Yes ☐ No
 - If yes, a **Certificate of General Liability Insurance is required**
5. Method of Payment: ☐ Hourly ☐ Weekly ☐ Piecework ☐ By the Job ☐ Other _____
6. Is there a written contract: ☐ Yes ☐ No
7. Do you provide your own materials and/or tools: ☐ Yes ☐ No
8. Do you hold yourself out to work for the general public: ☐ Yes ☐ No
9. Do you work exclusively for our insured: ☐ Yes ☐ No
 - If no, list three general contractors or clients you have worked for during the policy period.
Please include city and telephone number:
 1. _____
 2. _____
 3. _____

By signing this statement, I certify the above is a true and accurate statement of my status as an independent contractor.

Signed: _____ Date: _____
(Independent Contractor)

*****Note:** This form is utilized as a test of the above individual's independent status. By completing this form, it **does not** automatically remove the individual's exposure from the audit of the policy period in question. **Additional Information may be required.**

1560 Earl Ave. | East Lansing, MI 48823 | 517.908.4800 | 800.292.1320 | www.emcins.com

Employers Mutual Casualty Company
EMCASCOS Insurance Company

Dakota Fire Insurance Company
Illinois EMCASCOS Insurance Company

Union Insurance Company of Providence
EMC Property & Casualty Company

EMC Reinsurance Company
EMC Risk Services, LLC
EMC National Life Company (affiliate)