

INDEPENDENT CONTRACTOR INSURANCE CERTIFICATION

THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO WORK FOR ALL DISASTER SERVICES

The undersigned performs contractual work for All Disaster Services (hereafter the “Primary Contractor”) as an “Independent Contractor” and claims to be exempt for Worker’s Compensation insurance coverage by virtue of meeting the following provisions:

1. I own the assets of a business, company or service known as:

_____ at _____
(Name of Business) (Complete business address)
2. I manage and control such business, company or service.
3. I have ultimate responsibility for all decisions affecting the business, company or service.
4. I am subject to realize any profit or loss from such business, company or service as is evidenced by me being required to file a Federal Income Tax Return annually with the Internal Revenue Service of the United States of America.
5. I have attached a General Liability Insurance Certificate.
6. I have attached a copy of a current Worker’s Compensation Certificate.

Because I am exempt, I understand that if I am injured while performing contractual work for the primary contractor, I will not be covered for such injury under the primary contractor’s insurance policy. I further understand that I am still required to provide Worker’s Compensation Insurance for all my employees.

Having read and understood the above provisions, I hereby certify under penalties of perjury that I meet all of the above requirements and am hereby exempt from the Worker’s Compensation Act.

(Name of Independent Contractor/Business)

(Title)

(Signature of Independent Contractor/Business)

(Date)

(Social Security Number or Federal Tax ID Number)