# SOLE PROPRIETOR EXCLUSION FORM

(For Sole Proprietor Subcontractors with No Employees)

For workers’ compensation purposes our company is required to maintain verification regarding workers’ compensation coverage for all of our independent contractors.

You must provide the following information, if you:

1. are a sole proprietor with no employees, and
2. do not carry Workers’ Compensation Insurance.
3. Name of Sole Proprietor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please provide the following:
   1. Social Security Number or/

Federal Tax Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. I am doing business as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach one or more of the following:

* A copy of the assumed name certificate you filed with the county; or
* Your business card; or
* A copy of your advertisement (Yellow pages, Newspaper, etc.) or
  1. Attach an invoice or 1099 from work with our Company.
  2. List one other business or private homeowner that you have worked for during the period of January 1 through current, including the name and address.

1. Please complete the following statement:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a Sole Proprietor with no employees, I did not have any employees during the period of \_\_\_\_\_\_\_\_ through the present .

(Date)

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