



WESTFIELD  
GROUP<sup>SM</sup>

## Independent Contractor Statement

**Attention:** Your audited workers' compensation premium may include premium charges for uninsured independent contractors. The following information must be provided from each of your uninsured independent contractors to determine the appropriate premium.

### Part I (completed by Insured)

Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_

### Part II (completed by Independent Contractor)

1. Name(s) \_\_\_\_\_ DBA \_\_\_\_\_

2. Operating as:  Sole Proprietorship  Partnership  Corporation

3. Federal I. D. number : \_\_\_\_\_

4. I was contracted to perform \_\_\_\_\_

5. I  have /  have not hired employees, casual laborers, or subcontractors.

6. I  do /  do not have general liability coverage.  
**If a certificate is available, please provide a copy of the certificate.**

7. I  have /  have not signed a contract with the above contractor which spells out our business relationship.  
**If you have, please provide a copy.**

8. I  did /  did not provide all materials / equipment needed while working for the above insured.

9. During the above policy period, I earned \_\_\_\_\_% of my total gross annual income from the above named insured.

10. I  have/  have not worked exclusively for the above-named insured.

Signed \_\_\_\_\_

Date \_\_\_\_\_

AD 1462 (6-01)