

Policyholder Name: _____ Policy No: _____

I, _____ [Printed Name of Officer or Individual], as _____ [Title/Position] of _____ [Company or Business Name] represent that I am an independent contractor and should be considered an independent contractor for workers' compensation insurance purposes. Accordingly, I understand that I must comply with Florida Statutes, Section 440.02(15)(d)(1)(a) and (b), effective Jan. 2004, and provide proof that I satisfy certain criteria listed. In compliance with Florida law, I further represent and state the following:

1. I have carefully reviewed the criteria listed in Section 440.02(15)(d)(1)(a) and (b), which are stated in the Affidavit and the Attachment.
2. I have checked the boxes on the Attachment for records that satisfy the criteria and that I intend to provide to the insurance carrier as proof of my independent contractor status.
3. I have made a true and accurate copy of the records checked in the Attachment to be sent to the insurance carrier.
4. I have enclosed and sent a copy of the records as stated in paragraph 3 above with this Affidavit to Policyholder's agent or the insurance carrier.
5. I represent that the information contained in this Affidavit and the Attachment is a true description of my business operations.
6. I understand and agree that the Policyholder's insurance policy is an annual contract and that proof of independent contractor status must be submitted on an annual basis for each new policy period.
7. In representing that I am an independent contractor, I agree and covenant to pay for all on-the job injuries for myself and my employees and subcontractors.

NOTE: An employer may be assessed a \$5,000 penalty for EACH employee who is represented to be an independent contractor but who is determined to be an employee by the Florida Department of Financial Services (as defined in s.440.02)

IMPORTANT NOTICE

I understand that it is a felony for any person to knowingly make a false, fraudulent, of misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying or diminishing the amount of payment of any worker's compensation premiums.

By signing below, I represent that I have read and understood all statements herein and that, if the independent contractor is a corporation or other entity, I have authority to sign on behalf of the independent contractor.

Dated: _____

Signed Name: _____

Printed Name: _____

Title: _____

STATE OF FLORIDA)
 COUNTY OF _____)

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me on this date by _____, who is personally known to me, or who produced _____ as identification, and who did take an oath, and states that he/she executed the foregoing Affidavit, and that the statements contained therein are true and correct to the best of his/her knowledge.

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 20____.

 NOTARY PUBLIC, STATE OF FLORIDA

My commission expires:

Independent Contractor Attachment

Below, you will see the requirements of the Florida law (since January 1, 2004) for providing an individual or outside entity who has performed services for you is legally an independent contractor or a statutory employee. After each of the legal requirements is listed various items that would fulfill that requirement. In light of recent legal and legislative events, until such time as the state legislature rules on their stance of what constitutes legal proof, we will take the liberal stance by allowing you, the insured, to simply provide what you can from the below items. We will, however, require at least one or more of the below requirements to be fulfilled before we will exempt any individual or outside entity who you have paid for their services.

PLEASE CLEARLY PRINT OR TYPE THE FOLLOWING:

Date: _____

Independent Contractor Name:

Policyholder Name:

Check the boxes in Parts "a." and "b." next to the information that you are submitting to the insurance carrier to prove your independent contractor status, as required by Florida Statutes, Section 440.02(15)(d).

(a) If you provide valid records for 4 out of 6 of the criteria stated in (a)(I) through (VI) below, you will be considered an independent contractor.

- I. The IC maintains a separate business with own work facility, truck, equipment, materials, or similar accommodations.
 - Certificate of General Liability Insurance
 - Receipts, checks or other proof of payment for materials consistent with business operation and work or services provided
 - Tax records exempting office
 - Purchase or lease records for business vehicles or equipment
 - Lease in IC business name for business operation
- II. The IC holds or has applied for a federal employer identification number, or "FEIN":
 - FEIN
 - Application for FEIN with proof of submission to government
- III. The IC receives compensation for services rendered or work performed and the compensation is paid to a "business" – not to the individual:
 - Check stubs showing payment to IC business
 - Copy of check to IC business for work performed
 - Bank deposit records in name of IC business
 - Contract showing terms to perform work or services
- IV. The IC holds one or more bank accounts in the name of the "business":
 - Bank statement with account no., bank and business name
 - Voided check showing account name and number
- V. The IC performs work, or is able to perform work, for more than one entity at his/her own election:
 - Contract showing terms to perform work or services
 - Invoices to more than one person, business or entity
 - Check stubs/proof of payment from more than one entity
 - Service orders signed by more than one entity
- VI. The IC receives compensation for work or services on a competitive-bid basis or completion of task (s) per contract, unless contract refers to employment agreement.
 - Contract showing terms to perform work or services
 - Bids to more than one person, business or entity

(b) If you cannot provide records for at least 4 of the criteria listed in (a)(I) through (VI) in column 1, because such records do not exist, provide the insurance carrier with as much proof as you can from (a)(I) through (VI), along with proof of some of the items listed in (b)(I) through (VII) below that you believe are sufficient to prove that you are an independent contractor. Upon receipt of the information with the Affidavit and Attachment, the insurance carrier will review your request for independent contractor status.

- I. The IC performs or agrees to perform specific services or work for a specific amount of money and controls the means of performing the services or work:
 - Contract showing terms to perform work or services
 - Bids to more than one person, business or entity
 - Invoices to more than one person, business or entity
 - Service orders to more than one business or entity
- II. The IC incurs the principle expenses related to the work performed:
 - Contract showing terms relating to expenses for work
 - Bills or receipts for expenses to the IC business
 - IC checks or other forms of payment for expenses, for which no reimbursement has been, or will be, provided
- III. The IC is responsible for the satisfactory completion of work:
 - Contract stating IC's responsibilities
 - Correspondence
 - Certificates of General Liability Insurance
 - Governmental permit for work to be performed
 - Service orders to more than one person or business
- IV. The IC receives compensation for work performed for a commission or a per-job basis and not on any other basis:
 - Contract, unless it refers to employment arrangement
 - Commission billing statements
 - Invoices showing basis for commission/payment
 - Service orders to more than one person or business
- V. The IC realizes a profit or suffers a loss in connection with performing work or services:
 - Profit and loss statement
 - Business operating account records
 - Check stubs or other proof of payment for commission/job
- VI. The IC has continuing or recurring business liabilities or obligations:
 - Financial statement
 - Lease in IC business name for office space
 - Utility billing statements to IC business
 - Equipment/vehicle purchase or lease records
 - Receipt for purchase of supplies or material consistent with business operation or task(s) performed
 - Tax records showing assets, depreciation and obligations
 - Check stubs, register or other proof of payment for business obligations
- VII. The IC's success or failure of the business depends on the relationship of business receipts to expenditures:
 - Financial statement and/or Profit/Loss statement
 - Tax records or schedules showing receipts and expenses
 - Bank records showing business receipts and expenditures (for which IC will not receive reimbursement)
 - General ledger or other business records showing receipts and expenditures.