

# WORKERS' COMPENSATION WAIVER FORM FOR INDEPENDENT CONTRACTORS

Please complete all sections of this form in full. For section 1-13, provide Yes or No answers and any other details.

Insured's Policy Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_

1. Do you (the subcontractor) perform the same services for others, and not primarily for the insured?  
\_\_\_\_\_
2. Do you (the subcontractor) perform the job without the insured ever offering restrictions as to how to do the job?  
\_\_\_\_\_
3. Do you (the subcontractor) furnish your own supplies used in the job?  
\_\_\_\_\_
4. Do you (the subcontractor) determine your own work hours and schedule?  
\_\_\_\_\_
5. Do you (the subcontractor) provide and maintain your own equipment and tools?  
\_\_\_\_\_
6. Do you (the subcontractor) advertise?  
\_\_\_\_\_
7. Are you (the subcontractor) to be paid a fixed "bid" or "contract" amount rather than being paid on an hourly, daily, or piecework basis?  
\_\_\_\_\_
8. Is the full bid or contract amount agreed to before work commences?  
\_\_\_\_\_
9. Is the nature of your work separate in location or duties from those operations and tasks done by the insured, the insured's employees, or other subcontractors on the job?  
\_\_\_\_\_
10. Are you (the subcontractor) registered as required by various regulatory or taxing authorities?  
\_\_\_\_\_
11. Do you (the subcontractor) perform the job completely without assistance from the insured, the insured's employees or other subcontractors?  
\_\_\_\_\_
12. Do you (the subcontractor) have financial bonding or liability insurance for work performed?  
\_\_\_\_\_
13. Do you (the subcontractor) pay all state and federal withholding taxes, social security and other taxes?  
\_\_\_\_\_

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date