

KENTUCKY EMPLOYERS' MUTUAL INSURANCE INDEPENDENT CONTRACTOR QUESTIONNAIRE

The following information is required in order to assist KEMI in determining if a true independent contractor relationship exists. If we determine the worker to be an employee, we will charge a premium.

This form is to be filled out in its ENTIRETY by your worker/contractor who cannot provide a valid certificate of workers' compensation insurance. Completion of this form is required at the time of hire and the original copy must be retained for your records. A copy of this form will be required upon request from Kentucky Employers' Mutual Insurance.

Name _____ DBA: _____

Business address _____ Is this also your home address? Yes No

City _____ State _____ Zip _____

Phone Number _____ Is this also your home number? Yes No

I operate as an Individual , Partnership (Per KRS 342.012 a FEIN is required), Corporation

Social Security Number (SSN) _____ Federal Employer Identification (FEIN) _____

I have , or I do not have , helpers, relatives, contract labor, casual labor, employees or subcontractors that work with me or for me in this business.

I consider my trade or profession to be _____

I have been in this trade or profession for _____ months _____ years

I have a business license in (City or County) _____ License Number _____

I supply my own tools and equipment listed below.

I supply the following materials (describe): _____

I am paid by the hour , by the job , other (describe) _____

I provide invoices for my work Yes No

I have General Liability Coverage Yes No

I signed a contract which spells out our business relationship Yes No (If yes, copy required)

I advertise by using a business card, letterhead, newspaper, etc. Yes No (If yes, copy required.)

I have the right to work without direction or control from others Yes No

I have worked for the following general contractors or clients during the past 12 months:

NAME	CITY	TELEPHONE NUMBER
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I, the undersigned, certify that the above information is true and complete to the best of my knowledge and belief. I also understand that any person who, knowingly and with intent to defraud an insurance company or other persons, files a statement containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of contractor/worker _____ Date _____

Signature of Policyholder _____ Policy number _____ Date _____