



CAM Comp

Construction Association of Michigan  
Workers' Compensation Plan  
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Independent Contractor Statement

The following information must be provided on an annual basis so that CAM-Comp may make a determination as to whether an independent contractor status exists for a given policy period.

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Policyholder Name form is being filled out for: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

If DBA is filed, attach a copy.

1. I operate as a :  Sole Proprietor  Partnership  Corporation  Limited Liability Company

Note: If indicating Partnership, Corporation or Limited Liability Company, a Certificate of Workers' Compensation Insurance or a properly filed Form BWC-337 must be submitted.

2. The type of work I perform can be described as: \_\_\_\_\_

3. My federal I.D. Number is: \_\_\_\_\_

4. I hire employees or casual laborers to complete work for the named policyholder:

Yes Number hired (Attach Certificate of Workers' Compensation Insurance)

No Form 1040 SCHEDULE C (Profit or Loss from Business) may be provided as verification.

5. I hire subcontractors to complete work for the named policyholder:  Yes  No

If yes, additional information may be required.

6. I have General Liability coverage:  Yes  No

If yes, a Certificate of General Liability Insurance is required.

7. To further validate my standing as an independent contractor, I state that my business has not worked exclusively for the above named insured and have worked for the following general contractors or clients during the past twelve months.

Required Information

	NAME	CITY	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Independent Contractor)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Required)

This form is utilized as a test of the above individual's independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. Additional information may be required. If independent status is proven, the exposure will not be charged.