



Kentucky Employers' Mutual Insurance

Independent Contractor Questionnaire

This form is to be filled out in its ENTIRETY by your worker/contractor who cannot provide a valid certificate of workers' compensation insurance. Incomplete or unsigned forms will not be accepted.

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 based on their compensation. This form is required to be completed at the time of hire and a new form must be completed at the beginning of each year coverage is written with KEMI.

Name _____ DBA _____

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

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____ Mobile Phone _____

I operate as a(n) Individual Partnership (Per KRS 342.012 a FEIN is required) Corporation LLC

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

I have 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 and County) _____ License Number _____

I supply my own tools and equipment listed below:

I am paid by the hour by job other (please explain)

If other, please explain. _____

I provide invoices for my work. Yes No (If yes, copy required)

I have General Liability Coverage. Yes No (If yes, copy or certificate of coverage required)

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

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	% of work done for this customer
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 _____