

SOLE PROPRIETOR FORM
For Sole Proprietors with Employees

NOTE: SOLE PROPRIETORS ARE REQUIRED TO PROVIDE WC COVERAGE FOR THEIR EMPLOYEES IF THEY REGULARLY EMPLOY LESS THAN 3 EMPLOYEES IF AT LEAST ONE OF THEM HAS BEEN REGULARLY EMPLOYED BY THAT SAME EMPLOYER FOR 35 OR MORE HOURS PER WEEK FOR 13 WEEKS OR LONGER DURING THE PRECEDING 52 WEEKS.
THIS FORM EXCLUDES ONLY THE OWNER OF THE SOLE PROPRIETORSHIP.

For workers' compensation purposes, we are required to maintain verification regarding workers' compensation coverage for all independent contractors.

You must provide the following information if you are a sole proprietor with employees:

- 1) Name of Sole Proprietorship/Business: _____
- 2) Federal Tax Identification Number or last 4 digits of Social Security No. _____
- 3) I am doing business as: _____

Please provide the following:

- Current workers' compensation insurance certificate for any employees you must cover (see above);
- A copy of the assumed name certificate you filed with the county;
- Your business card;
- Website address _____, Business Flyer, evidence of professional social media presence (LinkedIn, Facebook);
- List or attach name/address/phone number of two or more businesses or private homeowners that you have worked for in the one-year period prior to the date this document is signed:

Please complete the following statement:

I, _____, a Sole Proprietor with employees, will provide _____ services to _____ on a periodic basis. I do understand that I am not entitled to workers' compensation benefits under Michigan's Law; therefore, I am personally responsible for any injuries/illnesses I may sustain while performing my services to said entity.

Sole Proprietor

Date