



SOLE PROPRIETOR FORM
For Sole Proprietors with No Employees

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:

- a) Are a sole proprietor with no employees, and
- b) Do not carry workers' compensation insurance.

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

Please provide the following:

- A copy of the assumed name certificate you filed with the county;
- Your business card;
- Website: _____, Business Flyer, evidence of professional social media presence (LinkedIn, Facebook);
- List two or more other business or private homeowners that you have worked for in the one-year period prior to the date this document is signed, including address/phone #:

Please complete the following statement:

I, _____, a Sole Proprietor with no 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.

Signed: _____

Date: _____

Sole Proprietor