

SOLE PROPRIETOR FORM
For Sole Proprietor's with No Employees

For workers' compensation purposes we are required to maintain verification regarding workers' compensation coverage for all of our 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) Social Security Number or Federal Tax Identification Number: _____

3) I am doing business as: _____

Please attach one of the following:

- A copy of the assumed name certificate you filed with the county; or
- Your business card; or
- A copy of your advertisement (Yellow Pages, Newspaper, etc); or
- List one other business or private homeowner that you have worked for during the period of July 1, through current date, including the name and address: _____

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.

Dated at: _____, on this _____ day of _____, _____.

Signed: _____

Sole Proprietor

STATE OF MICHIGAN, COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared _____, who being duly sworn did state that s/he is not entitled to workers' compensation benefits as indicated under Michigan's Law, and will not hold responsible the above named entity s/he may provide services to for any injury(ies) illness(es) s/he may sustain while performing such indicated services.

Seal/Stamp

Notary Public, _____ County
My commission expires _____