



**THE
CINCINNATI INSURANCE COMPANIES**

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY
 Mailing Address: P.O. BOX 145496
 CINCINNATI, OHIO 45250-5496
 (513) 870-2000

Independent Contractor Statement

Policyholder: _____ **Policy Number:** _____ **Policy Period:** _____

Subcontractor: _____

Disclaimer:

The completion of the Independent Contractor Statement does not exclude an individual from being charged as uninsured labor for workers' compensation nor does it automatically deem the individual as an independent contractor. The Independent Contractor Statement is used in order to determine whether independent contractor status existed during a specific policy term so that the appropriate premium charges can be made. It must be completed annually for each subcontractor used that did not carry his or her own workers compensation insurance.

	YES	NO
1. I am a sole proprietorship or partnership with no employees.	_____	_____
2. I have a signed contract with the above named insured, which defines the business relationship. If yes, please provide a copy of the contract.	_____	_____
3. I have a Federal I.D. Number. If yes, please provide: _____	_____	_____
4. I have general liability insurance. If yes, please provide a certificate of insurance.	_____	_____
5. I have an occupational or business license.	_____	_____
6. I provide all materials/equipment needed while working for the above named insured.	_____	_____
7. I submit invoices to the above named insured for completed work.	_____	_____

Signature of Subcontractor

Date