

MCCF
Subcontractor/Independent Contractor
Workers Compensation Checklist

Subcontractor: _____

Project: _____

- Valid Independent Contractor Exemption Form – See attached
- Workers Compensation Certificate – Please Attach Copy of Certificate
- All** Employees Covered
- All** Sole Proprietors Covered – Valid Independent Contractor Exemption Form is acceptable for specific Sole Proprietors or individuals. See Footnote Below *
- All** Partners Covered
- All** Corporate Officers Covered

Please list any persons excluded from Workers' Compensation Insurance. Written reason for exclusion.

*(Any persons excluded from Workers' Compensation Policy will not be allowed to perform any work on the jobsite – no exceptions will be made. *)*

To: Subcontractor/Independent Contractor Workers' Compensation Insurance Carrier

The MCCF is requiring all subcontractors and independent contractors to maintain workers' compensation insurance on all employees. This includes all sole proprietors, owners, officers, directors, and any other person who may "opt in" to coverage under the subcontractor and independent contractor workers' compensation insurance.

Please check off all that apply to the above mentioned Subcontractor/Independent Contractor and sign below that this information is valid and return this form with completed insurance certificates.

*** A valid independent contractor exemption is acceptable to waive workers' compensation insurance. This exemption applies only to the person listed on the exemption form. All employees of the Independent Contractor must be covered by valid workers compensation and evidence of coverage must be maintained in each job file.**

Authorized Subcontractor/Independent Contractor
Signature

Date

Insurance Company or Insurance Agent Signature

Policy Number of Subcontractor/
Independent Contractor

Address