

Independent Contractor Questionnaire

Complete and Return to SWIF. Attach Additional Sheets if Necessary.

Insured's Name: _____ Date Sent to the Insured: _____

Insured's Address: _____

Application or Policy Number: _____ Effective Date: _____

Worker's Name: _____

Worker's Address: _____

1. Provide a brief description of your business and its activities:
2. Describe the activities performed by the worker and explain how they relate to your business operation:
3. Does the worker accept payment of services under their own Social Security Number or under a Federal Employer Identification Number? Yes No
If Yes, complete the following:?
 Social Security No.: _____
 Federal Employer Identification No.: _____
4. If payment is made through a Federal Employer Identification Number, list the number: _____
5. Are 1099 and/or W-2 forms issued to the worker listed? 1099's W-2
6. Does the worker carry their own liability insurance and/or workers' compensation?
Liability Insurance Yes No Workers' compensation Yes No
If Yes to workers' compensation, provide copy of certificate(s) of insurance and policy information.
7. Does the worker have a business address separate and apart from their home address?..... Yes No
If Yes, list the address: _____
8. Does the worker advertise their services in newspapers, telephone books, yellow pages, on television, Internet, etc.? Yes No
If Yes, what type of advertising is utilized? _____

9. Does the worker perform services for other individuals? Yes No

If Yes, list the names and addresses of the other individuals and the nature and frequency of the services/ contracts. Provide specifics as to the approximate income the worker received from these other services.

10. State the total number of years the worker has worked for the insured: _____

11. Worker is free to refuse work? Yes No

If Yes to above, does the worker, in fact, refuse work frequently? Yes No

12. Worker supplies their own tools or equipment? Yes No

13. Worker supplies material to complete the job? Yes No

14. Worker uses office space provided by the insured? Yes No

15. Worker supplies their own uniform? Yes No

16. Worker uses their own transportation? Yes No

17. Worker uses forms or sales agreements developed and supplied by the insured? Yes No

18. Worker performs a task of a highly skilled nature? Yes No

19. Worker supervised by the insured? Yes No If Yes, list percentage of supervision:

20. Does the worker have to submit reports to the insured? Yes No

21. Worker is able to set their own hours and work schedule? Yes No

22. Worker invoices the insured for work? If Yes, provide a copy of invoice. Yes No

23. Worker is paid by the: Hour Job

24. Worker is required to join a union as a condition of performing service to you? Yes No

25. Worker is included in insured's business' fringe benefits or medical plans? Yes No

26. A contract exists between the worker and the insured? If Yes, provide a copy of the contract. Yes No

27. Worker hires employees to assist or perform in company services? Yes No

28. How is the worker hired?

Signature

Date

Address

Telephone