

Effective January 1, 2022, the revised independent contractor review process is as follows:

If a policyholder wishes to consider any portion of their uninsured contract labor as an independent contractor(s), the following information is required to assist in the determination of an employment relationship or independent contractor status:

- 1. Signed copy of contract detailing independent contractor relationship or copy of bid/proposal for jobs completed by contractor;
- 2. All invoices for material and labor used during the policy period between insured and the contractor;
- 3. Valid General Liability certificate of insurance (covering at least 6 months of policy period of insured);
- 4. Signed affidavit regarding employees, contract labor, casual labor, or subcontractors used for any of the work performed for the insured.

To be excluded from coverage, all the information above must be received during the premium audit process and must disprove an employee relationship.

KEMI reserves the right to charge for labor on a contractor, despite having all required information, based on additional information received during the policy period or at final audit.



## **Independent Contractor Affidavit**

While completing work for Name of Policyholder				
during the period of	to			
Policy Effective Date		Policy Expiration Date	3	
I had employees complete some or all of the wor	rk	Yes	No	
I had contract labor complete some or all of the v	work	Yes	No	
I had casual labor complete some or all of the work	ork	Yes	No	
I had subcontractors complete some or all of the	work	Yes	No	
Below please provide a description of the type of work of and by what means the work was completed.	completed	d for the policyho	older listed above	
I, the undersigned, certify that the above information is knowledge and belief. I also understand that Any person defraud any insurance company or other person files ar materially false information or conceals, for the purpose fact material thereto commits a fraudulent insurance ac	on who kr n applicat of mislea	nowingly and wit ion for insurance ading, information	n intent to e containing any	
Name of Contractor Business				
Print Name of Contractor			Date	
Signature of Contractor			Date	