



DECLARATION OF INDEPENDENT CONTRACTOR STATUS FORM

I CERTIFY UNDER PENALTY OF PERJURY THAT (INSERT CONTRACTOR'S NAME AND TRADE NAME BELOW):

Name \_\_\_\_\_ Trade Name: \_\_\_\_\_

Performing (Type of Work): \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is an Independent Contractor and **IS NOT AN EMPLOYEE OF:**

Precision Contractors LLC , General Contractor
12656 East Jamison Pl Unit 2 Englewood CO 80112
720-870-2717

The INDEPENDENT CONTRACTOR UNDERSTANDS THAT HE/SHE:

Will not be entitled to any workers' compensation benefits in the event of injury while working as an Independent Contractor for Precision Contractors LLC. Will be obligated to pay all federal and state income tax on all money earned while performing services for the business. Will be required to provide workers' compensation insurance for all workers that he/she hires. Independent Contractor does hereby state that I am an **Independent Contractor and / or Owner of** : \_\_\_\_\_ and as such, do not carry workers' compensation insurance. I am aware that I and any employees of my company are not carried on, added on, or attached to any workers' compensation insurance carried by Precision Contractors LLC. I am not a direct employee of Precision Contractors LLC and they are not liable for any accidents, incidents, injuries that may occur while I or any of my employees are working as an Independent Contractor for Precision Contractors LLC, General Contractor or to any of their clients with whom they have contracted with. I am solely and completely responsible for myself and for any employees / labor, working for myself, or within my company employment. I understand that I **CANNOT** make any claim(s) or have any legal recourse against Precision Contractors LLC workers' compensation insurance for any incidents / accidents / injuries while working on the job site as an independent contractor.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Social Security Number (last four digits only): XXX-XX \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me in the county of \_\_\_\_\_

State of \_\_\_\_\_,

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

BY: \_\_\_\_\_

Notary Official Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_