Declaration of Independent Contractor Status Form

According to the Colorado Workers’ Compensation Act, a person is an independent contractor, not an employee, if both of the following statements are true.

1. He/she is free from control and direction in the performance of the service (unless control is exercised under the requirement of any state or federal statute or regulation).
2. He/she is customarily engaged in an independent trade, occupation, profession, or business related to the services performed.

The Colorado Workers’ Compensation Act also outlines nine criteria (listed on page 2) to help determine whether or not the above statements are true. For an individual to be considered an independent contractor, he/she must meet only those criteria that are appropriate to the situation. He/she does not need to meet all of the nine criteria.

This Declaration of Independent Contractor Status Form documents the business relationship as defined in the Colorado Workers’ Compensation Act. It is the responsibility of our policyholders and their independent contractor(s) to correctly and truthfully complete this form. Pinnacol Assurance will accept this form only when it is initialed where applicable, signed, and notarized by both parties. If you do not understand this form, do not sign it.

Please make copies of this form as needed. You should complete this form only once for each independent contractor for the lifetime of your Pinnacol Assurance policy or until the business relationship changes. This form is not valid unless the notarized original form is returned to Pinnacol Assurance. Keep one copy for your records and send the notarized original to:

Pinnacol Assurance
P.O. Box 469011
Denver, CO 80246-9011

Call your Pinnacol Assurance underwriter at 303-361-4000 or 1-800-873-7242 if you have questions.
Declaration of Independent Contractor Status Form

We certify UNDER PENALTY OF PERJURY that: (name and trade name) ______________________________________________
performing (type of work) ______________________________________________________________________________________
Social Security or Federal Employer Identification #_______________________________________
Address: ____________________________________________ Phone: ________________________________
is an independent contractor (IC) and is not an employee of the following policyholder (PH):___________________________
Address: ____________________________________________ Policy # ____________________________
Phone: ________________________________

We also certify, by OUR initials WHERE APPLICABLE, that the above business for which the above individual performs services
meet the following criteria:

IC PH 1. The business DOES NOT require the individual to work ONLY for the business for whom services are performed
(except that the individual may DECIDE to work only for the business for a definite period);

IC PH 2. The business DOES NOT establish a quality standard for the individual (except that the business may provide
plans and specifications regarding work but cannot oversee the actual work or instruct the individual as to how work
will be performed);

IC PH 3. The business DOES NOT pay the individual a salary or an hourly rate instead of a fixed or contract rate;

IC PH 4. The business DOES NOT terminate the work or the service provided during the contract period unless the
individual violates the terms of the contract or fails to produce a result that meets the specifications of the contract;

IC PH 5. The business DOES NOT provide more than minimal training for the individual;

IC PH 6. The business DOES NOT provide tools or benefits to the individual (except that materials and equipment may be
supplied);

IC PH 7. The business DOES NOT dictate the time of performance (except that a completion schedule and a range of
agreeable work hours may be established);

IC PH 8. The business DOES NOT pay the individual personally instead of making payment or checks payable to the trade
or business name of the individual;

IC PH 9. The business DOES NOT combine the business operations in any way with the individual’s business operations
instead of maintaining all such operations separately and distinctly.

CERTIFICATION BY INDEPENDENT CONTRACTOR

THE INDEPENDENT CONTRACTOR UNDERSTANDS THAT HE/SHE:

• WILL NOT BE ENTITLED TO ANY WORKERS’ COMPENSATION BENEFITS IN THE EVENT OF INJURY.
• IS OBLIGATED TO PAY ALL FEDERAL AND STATE INCOME TAX ON ALL MONEY EARNED WHILE PERFORMING SERVICES FOR THE
BUSINESS.
• IS REQUIRED TO PROVIDE WORKERS’ COMPENSATION INSURANCE FOR ALL WORKERS THAT HE/SHE HIRES.

Independent Contractor Signature

STATE OF COLORADO, COUNTY OF

____________________________

Title

Social Security #

____________________________

Subscribed and sworn before me by ______________________________

this day of ____________, ______

Commission expires:

NOTARY PUBLIC

Acceptance of the Independent Contractor named on this form does not change any party’s responsibility under the Workers’ Compensation Act. If
individually or organizations hired or contracted by the Independent Contractor are not covered by other workers’ compensation insurance, the policyholder
specified on this form will be charged premium for coverage of those individuals or organizations.

CERTIFICATION BY BUSINESS

I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I
understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed.

Signature

STATE OF COLORADO, COUNTY OF

____________________________

Title

Subscribed and sworn before me by ______________________________

this day of ____________, ______

Commission expires:

NOTARY PUBLIC