

**COLORADO  
INDEPENDENT CONTRACTOR INSURANCE STATUS**

**DECLARATION- MUST BE COMPLETED**

The undersigned performs contractual work for *J.F. Davis Construction, L.L.C.*, (herein referred to as the “prime contractor”) as an “independent contractor” and claims to be exempt from Workers’ Compensation Insurance coverage by virtue of meeting the following provisions of CRS 8-48-101 (2.5), as amended:

- 1) I own assets of a business, company or service known as

\_\_\_\_\_

*Name of Business*

\_\_\_\_\_

*FIN or Social Security Number*

- 2) I manage and control such business, company or service.
- 3) I have ultimate responsibility of all decisions affecting such business, company or service.
- 4) I am subject to realize any profit or loss from such business, company or service as evidenced by my being required to file a Tax Schedule C or Schedules A and L (Form 1065) of the Partnership Tax Return with the Federal Internal Revenue Service annually.

Because I am exempt, I understand that if I am injured while performing contractual work for the prime contractor, I will not be covered for such injury under the prime contractor’s insurance policy. I further understand that I am still required to provide Workers’ Compensation insurance for all of my employees.

Having read and understood the above provisions, I certify under the penalty of perjury that I meet all of the above requirements and am thereby exempt from the Workers’ Compensation Act.

\_\_\_\_\_

Name of Independent Contractor

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Address of Business:*

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip code

\_\_\_\_\_

Primary Contact number

\_\_\_\_\_

Primary Contact Person

\_\_\_\_\_

Cell / Mobile Number

\_\_\_\_\_

Fax number

\_\_\_\_\_

Type of Business (BE SPECIFIC- list each area of expertise)