

MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY

Supplemental worksheet to be filled out in addition to the INDEPENDENT CONTRACTOR WORKSHEET by a Sole Proprietor Owner Operator Truck Driver

TO BE COMPLETED BY THE SOLE PROPRIETOR OWNER OPERATOR TRUCK DRIVER:

Please provide the following information on your operation:

Do you own your own vehicle? ___ Yes No ___

If you lease the vehicle, who do you lease it from: _____

What types of insurance do you carry as a trucking service? _____

Do you have a signed contract in place with who you haul for? ___ Yes ___ No

If yes, please attach a copy.

How are you compensated? ___ Hourly ___ By the mile ___ By the load
 ___ other method, explain : _____

Can you refuse to accept a given load? ___ Yes ___ No

Who purchases the fuel for your vehicle? _____

Who is responsible for maintenance cost of the vehicle? _____

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: _____ Date: _____
(Independent Contractor)

Phone Number: _____ Email Address : _____
(Required)

This form is utilized as a test of the above individual's independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. **Additional information may be required.** If independent status is proven, the exposure will not be charged.