



AMTRUST WORKERS' COMPENSATION EMPLOYMENT STATUS FORM

Please provide an answer to all of the questions below.

Insured's Policy Number: _____

Contractor Name: _____

Date(s) of service: _____

1. Do you (the subcontractor) perform the same services for others, or primarily for the insured?

2. Do you (the subcontractor) furnish or provide your own supplies, equipment, or tools used to perform the job?

3. Are you (the subcontractor) paid on an hourly, daily, commission or piecework basis?

4. Please provide your business license number or contractor's license number:

5. Do you (the subcontractor) perform the job completely without assistance, if not; are you paying anyone to work with you?

6. Do you (the subcontractor) have financial bonding or liability insurance for work performed?

7. Are you (the subcontractor) reimbursed for any expenses incurred while performing the job?

Contractor's Signature

Date