

**CITY OF IMLAY CITY  
SOLE PROPRIETOR FORM  
For Sole Proprietor's with No Employees**

For workers' compensation purposes we are required to maintain verification regarding workers' compensation coverage for all of our independent contractors.

You must provide the following information if you:

- a) Are a sole proprietor with no employees, and
- b) Do not carry workers' compensation insurance.

- 1) Name of Sole Proprietor: \_\_\_\_\_
- 2) Federal Tax Identification Number or last 4 digits of Social Security No: \_\_\_\_\_
- 3) I am doing business as: \_\_\_\_\_

Please attach one of the following:

- A copy of the assumed name certificate you filed with the county; or
- Your business card; or
- A copy of your advertisement (Yellow Pages, Newspaper, etc.); or
- List one other business or private homeowner that you have worked for during the period of July 1, through current date, including the name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following statement:

I, \_\_\_\_\_, a Sole Proprietor with no employees will provide \_\_\_\_\_ services to \_\_\_\_\_ on a periodic basis. I do understand that I am not entitled to

workers' compensation benefits under Michigan's Law, therefore, I am personally responsible for any injuries/illnesses I may sustain while performing my services to said entity.

Dated at: \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_

Sole Proprietor

STATE OF MICHIGAN, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared

\_\_\_\_\_, who being duly sworn did state the she/he is not entitled to workers' compensation benefits as indicated under Michigan's Law, and will not hold responsible the above named entity she/he may provide services to for any injury(ies) illness(es) she/he may sustain while performing such indicated services.

Seal/Stamp

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County  
My Commission expires \_\_\_\_\_