Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

MINNESOTA INDEPENDENT CONTRACTOR DETERMINATION FOR THE CONSTRUCTION INDUSTRY

THIS FORM IS NOT AN EXCLUSION FORM, IT IS A WORKSHEET TO DETERMINE INDEPENDENT CONTRACTOR STATUS

Policyholder name this form is being filled out for Iron River Construction

Our workers compensation carrier has informed us that we must keep certificates of workers compensation coverage on file for all of our subcontractors. If you are an independent contractor who does not have any employees and does not carry workers compensation coverage, you must provide us with all of the following information:

All parts of all items below must be answered completely with all required documentation in order to determine your independent contractor status. By completion of this form, you will be acknowledging that your business entity is in good standing and holds valid business registrations, licenses or certifications pursuant to Minn. Stat. § 5.26 (2024).

Individual or business name (include DBA if you have one): _____

1. Do you maintain a separate business with your own equipment, materials and facilities? ☒ Yes ☐ No
   a. If yes, please attach a business card and/or a copy of an advertisement either from the yellow pages or your website.
2. Do you have a Federal Employer Identification Number (FEIN)? ☒ Yes ☐ No
   If yes, please list your FEIN. (A social security number does not qualify as a FEIN.)
   X
3. Do you file business or self-employment tax returns for providing or performing building construction or improvement services? ☐ Yes ☐ No
   a. If yes, please attach a copy of Schedule C from your most recent income tax filing.
   b. Do you have a Minnesota Tax ID Number? ☐ Yes ☐ No
   Please Provide that number X.
4. Do you operate under written contracts/invoices, signed and executed with the individual/business listed at the top of this form? ☒ Yes ☐ No
   If yes, please also answer the following:
   a. Do you receive instructions on how to perform work? ☐ Yes ☒ No
   b. Do you receive instructions on when to perform work? ☒ Yes ☐ No
   c. Do you work exclusively for the individual/business named at the top of this form? ☐ Yes ☒ No
   d. Do you complete and provide a W-9 federal income tax form to the individual/business named at the top of this form? ☒ Yes ☐ No
5. Who purchases the materials and owns, rents, or leases the equipment, tools, vehicles, and/or supplies for the work or services?
   X

6. Are you financially responsible for expenses, costs, or a failure to complete the work or services? ☒ Yes ☐ No
   a. If yes, are you paid a flat rate for the job regardless of whether all the work is performed? ☐ Yes ☒ No
   b. If yes, are you paid strictly based upon the work performed? ☒ Yes ☐ No

7. How do you receive compensation for the work you perform? Check all that apply:
   - ☒ a. Paid for work or services as described under a contract
   - ☐ b. Paid on commission
   - ☐ c. Paid on a per job basis
   - ☐ d. Paid on a competitive basis (such as a job bid)
   - ☐ e. Hourly
   - ☐ f. Salary based
   - ☐ g. Under a retainer
   - ☐ h. Other: Please specify _____

8. Do you receive 1099 forms for income earned for building construction or improvement services provided/performed? ☒ Yes ☐ No

9. Can you realize a profit or a loss under contracts to perform work or services? ☒ Yes ☐ No

10. Do you have your own general liability insurance policy to cover your continuing business liabilities and obligations? ☒ Yes ☐ No

11. Does the success or failure of your business depend upon the relationship of your business receipts to business expenses? ☒ Yes ☐ No

12. Do you hire any employees, casual labor, subcontractors and/or independent contractors to assist you in the work you perform? (for Iron River jobs) ☐ Yes ☐ No
    a. Do you have your own workers compensation insurance policy? ☐ Yes ☐ No

13. Are you registered with the Secretary of State website as a contractor? ☒ Yes ☐ No

IT MUST BE UNDERSTOOD BY INDIVIDUALS USING THIS DOCUMENT THAT BY DECLARING THEIR INDEPENDENT CONTRACTOR STATUS, THEY ARE NOT ELIGIBLE FOR WORKERS COMPENSATION BENEFITS PROVIDED BY POLICIES WRITTEN TO PROTECT ENTITIES FOR WHOM THEY WORK.

Complete the following statement:

I, X _____ am an independent contractor who has not had any employee or person in my service under any oral or written contract of hire during the audit period of 7-1-25 through 7-1-26.

Signature X _____ Date X _____

Please note this document will need to be updated and is subject to review annually. This information must be kept current.

This form is utilized to determine the above individual's independent contractor status. By completing the form, 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 contractor status is shown to our satisfaction, the exposure will not be charged.