



New York
Workers Compensation
Determination Form for Independent Contractors

Instructions: Throughout the policy period, this form should be completed for each Subcontractor you use. Please sign and date the Form and maintain it for the auditor. This is to be produced at the time of audit as a tool for the auditor. **Please disregard this form if you do not use subcontractors.**

Employer's Name: _____ Policy Number: _____

Subcontractor's Name: _____ Date of Hire: ____/____/____

The person working for you is more likely to be regarded as your employee (versus a subcontractor) if the answer to **any** of the following questions is **No**.

		Yes	No
(1)	The individual is free from control and direction in connection with the performance of the service, both under his/her contract for the performance of service and in fact.		
(2)	The service is performed outside the usual course of business of the employer.		
(3)	The individual is customarily engaged in an independently established trade, occupation, profession or business of the same nature as that involved in the service performed.		

Policyholders' Signature _____ Date _____

I, the subcontractor am in business for myself, and in that pursuit have continuous and reoccurring business liabilities. I acknowledge my responsibility as an independent employer under New York law in regards to workers compensation. I consider myself in no way to be an employee of the contractor.

Subcontractor's Signature _____ Date _____

Please keep this form on file for your next audit.