

Named Insured: _____

INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST:

Whenever any public entity retains an independent contractor who does not carry workers' compensation insurance and the owner or an employee of that contractor is injured, a determination must be made as to whether the injured worker is truly an independent contractor or, in fact, is an employee of the public entity and, thereby, eligible for worker's compensation benefits through the entity. The NC Industrial Commission and NC Courts have used the following tests to make this determination. Please complete the information below for each independent contractor that has NOT provided you with a Certificate of Insurance for Workers Compensation (proof of Workers' Compensation policy).

Name of Independent Contractor: _____

Type of Work Performed: _____

Type of Business: Individual, Sole Proprietor, Partnership, LLC, Incorporated

Duration of Contract: _____

How many total employees does the contractor employ (excluding owner)? _____

- | | Yes | No |
|---|-------|-------|
| (a) Is the person/business employed engaged in an independent business or occupation? | _____ | _____ |
| (b) Does the person/business employed have a Federal Tax ID number? | _____ | _____ |
| (c) Does the person/business employed perform similar work for any other business/individual? | _____ | _____ |
| (d) Does the person/business doing the work have the right to hire or fire any employee/helper of the business doing the work? | _____ | _____ |
| (e) Does the person/business employed have control over such employees/helpers? | _____ | _____ |
| (f) Does the person/business employed select their own time to perform work?
(for example, your entity does not tell the person to work specific hours during the day) | _____ | _____ |
| (g) Does the person/business employed have the independent use of his special skill, knowledge or training in the execution of the work? | _____ | _____ |
| (h) Is the person/business employed paid for the job in a lump sum amount (not paid by the hour)? | _____ | _____ |
| (i) Does the person/business employed have the freedom to use their method of doing the work rather than another and is not subject to discharge because they adopt one method over another method? | _____ | _____ |
| (j) Is the person/business employed furnished tools or equipment owned by you? | _____ | _____ |

None of these factors is controlling, but each is to be considered in determining the relationship between the parties. The essential issue is whether the alleged employer has the right to control the method and means by which the "employee"/business performs their work. RMS will attempt to determine whether an employment relationship exists for **insurance purposes only**.

Signature of Person/Business doing the work

Date