

INDEPENDENT CONTRACTOR AFFIDAVIT

Florida Statute 440.10(1) (t) prescribes a penalty where an employer misclassifies an Employee, as an independent contractor, and willfully fails to secure the payment of workers' compensation. According to Florida Statute 440.02(d)(1) (a-i), an independent contractor, is defined as:

- a. The independent contractor maintains a separate business with his or her own work facility, truck, equipment, materials, or similar accommodations.
- b. The independent contractor holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor who is not required to obtain a federal employer identification number under state or federal requirements.
- c. The independent contractor performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work.
- d. The independent contractor incurs, all principal expenses, related to the services or work, that he or she performs or agrees to perform.
- e. The independent contractor is responsible for the satisfactory completion of work or services that he or she performs, or agrees to perform, and is or could be held liable for failure to complete the work or services.
- f. The independent contractor receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis and not on any other basis.
- g. The independent contractor may realize a profit or suffer a loss in connection with performing work or services.
- h. The independent contractor has continuing or recurring business liabilities or obligations; and
- i. The success or failure of the independent contractor's business depends on the relationship of business receipts to expenditures,

I, _____, as an independent contractor, meet all of the above criteria.

I carry workers' compensation coverage. Yes _____ No _____ (if yes, attach proof of coverage)

I waive workers' compensation coverage and have been provided a copy of this waiver.

Yes _____ No _____

Signature of Independent Contractor

Date

Sworn to and subscribed before me this _____ day of _____, 20____ by: _____

Signature of Notary Public

Notary's Name, Printed Stamped or Typed

Personally Known: _____ or Produced ID: _____ Type of ID produced: _____