



Worker Relationship Questionnaire

Background

In a growing number of cases, the State Insurance Fund (SIF) has been presented with applications for workers compensation where no requirement for coverage is indicated. Nationwide, there is a trend to expand the definition of an independent contractor for the sole purpose of avoiding payment of workers compensation premiums for employees. For some customers, determining the status of a worker and the business hiring them requires more analysis.

The Idaho Industrial Commission (IIC) makes the final determination on an injured worker's right to benefits and what businesses are required to obtain coverage to cover their workers. The IIC publishes a guide that can be used to determine the nature of a worker/employer relationship for workers compensation purposes. SIF relies on these guidelines to help determine the nature of each relationship.

SIF will endeavor to offer a quote/policy for a business where coverage is required and general underwriting requirements are met. (Underwriting requirements include favorable loss history, compliance with reporting and payment requirements on prior policies, etc.) However, where the relationship between a worker and the business hiring them appears to be one of employer/employee, a policy issued to the worker offers no value for either the worker or the hiring entity. In such cases SIF may decline coverage.

If you are requesting coverage in a situation where no employees are anticipated, the attached questionnaire (based on IIC's guidelines) will aid in SIF's review.

In order to better understand your workers compensation coverage requirements, the SIF needs to obtain some additional information. Please complete the form in full, sign, and submit for our review.

Name or DBA of business:

1. You indicate you have no employees. Why is coverage desired?

2. Do you plan on hiring employees and/or uninsured subcontractors within the next year?
 Employees Yes No Uninsured Subcontractors Yes No
 - a. If either of your answers above was "yes", what do you estimate your total yearly wages will be for?
 Employees \$ _____ Uninsured Sub Contractors \$ _____
 What job duties would be done by employees versus uninsured subcontractors?

 - b. If both answers to No. 2 above were "no" and you find you need extra help on a jobsite to complete your work, will you have authority from the general contractor to hire employees and/or subcontractors that would be paid by your own business to help you complete that job? Yes No
3. Are jobs awarded to you through a competitive bidding process? Yes No
 If "no", please explain how you are considered for the jobs you perform.

4. Is there a written contract between you and the general contractor for each new job? Yes No
5. Is there direct supervision, instruction, or training provided by the general contractor for the work you are performing on the jobsite? Yes No
6. Do you set your own working hours at the jobsite? Yes No
7. Do you or the general contractor provide building materials for the job?



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Name or DBA of business:

8. Who provides the tools and equipment used on the jobsite?

You The general contractor Both

What types of tools and/or equipment are provided by you on the job site?

What types of tools and/or equipment are provided by the general contractor on the job site?

9. How are you paid by the general contractor (i.e.: by the hour, by the square foot, by a set written contract price, etc.)?

10. Is your business or DBA filed with the Idaho Secretary of State? Yes No

If not, do you intend to file it in the future? Yes No

If so, when do you intend to file?

If you have filed or will be filing, what filing type was used or will be used?

Sole Proprietor Partnership LLC Corporation Other:

11. Do you have your own general liability insurance coverage? Yes No

If not, do you intend to apply for it in the future? Yes No

If not, please explain.

12. Do you have your Idaho contractor's license? Yes No

If not, do you intend to apply for it in the future? Yes No

If not, please explain.

13. Do have a Federal ID Number? Yes No

If not, do you intend to apply for one in the future? Yes No

If so, when do you intend to apply?

14. Do you have auditable records in the name of your business? Yes No

How do you track your business expenses (i.e.: business checking account, personal checking account, cash disbursement journal, etc.)?

15. Who have you done work for or plan to work for?



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The undersigned certifies that he or she has read the foregoing and certifies under penalty of perjury that all of the information provided is true, accurate, and complete to the best of his or her knowledge. Undersigned understands that the State Insurance Fund (SIF) will rely on this information in the evaluation of a policy offering. By signing this document, the undersigned hereby authorizes SIF to use the information provided herein to conduct investigations as deemed prudent.

Any persons who, with intent to defraud or deceive an insurance company, knowingly files an application for insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits insurance fraud, which is a felony in the state of Idaho.

Owner's Signature

Date

Agent's Signature

Date