



The KEMI Independent Contractor Questionnaire (ICQ) is only valid for policies with an effective date of December 31, 2021, and prior. Effective January 1, 2022, the revised independent contractor review process is as follows:

If a policyholder wishes to consider any portion of their uninsured contract labor as an independent contractor(s), the following information is required to assist in the determination of an employment relationship or independent contractor status:

1. Signed copy of contract detailing independent contractor relationship or copy of bid/proposal for jobs completed by contractor;
2. All invoices for material and labor used during the policy period between insured and the contractor;
3. Valid General Liability certificate of insurance (covering at least 6 months of policy period of insured);
4. Signed affidavit regarding employees, contract labor, casual labor, or subcontractors used for any of the work performed for the insured.

To be excluded from coverage, all the information above must be received during the premium audit process and must disprove an employee relationship.

KEMI reserves the right to charge for labor on a contractor, despite having all required information, based on additional information received during the policy period or at final audit.



Independent Contractor Questionnaire

This form is to be filled out in its ENTIRETY by your worker/contractor who cannot provide a valid certificate of workers' compensation insurance. Incomplete or unsigned forms will not be accepted.

The following information is required in order to assist KEMI in determining if a true independent contractor relationship exists. If we determine the worker is not an Independent Contractor, we will charge a premium based on their compensation. This form is required to be completed at the time of hire and a new form must be completed at the beginning of each year coverage is written with KEMI.

Name _____ DBA _____

Business Address _____ Is this also your home address? Yes No

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____ Mobile Phone _____

I operate as a(n) Individual Partnership (Per KRS 342.012 a FEIN is required) Corporation LLC

Social Security Number (SSN) _____ Federal Employee Identification Number (FEIN) _____

I have: I do not have: helpers, relatives, contract labor, casual labor, employees or subcontractors that work with me or for me in this business.

I consider my trade or profession to be _____

I have been in this trade or profession for _____ months _____ years

I have a business license in (City and County) _____ License Number _____

I supply my own tools and equipment listed below: _____

I am paid by the hour by job other (please explain)

If other, please explain.

I provide invoices for my work. Yes No (If yes, copy required)

I have General Liability Coverage. Yes No (If yes, copy or certificate of coverage required)

I signed a contract which spells out our business relationship. Yes No (If yes, copy required)

I advertise by using a business card, letterhead, newspaper, etc. Yes No

I have the right to work without direction or control from others. Yes No

I have worked for the following general contractors or clients during the past 12 months:

Name	City	Telephone Number	% of work done for this customer
1.			
2.			
3.			

I, the undersigned, certify that the above information is true and complete to the best of my knowledge and belief. I also understand that any person who, knowingly and with intent to defraud an insurance company or other persons, files a statement containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of contractor/worker _____ Date _____

Signature of Policyholder _____ Policy Number _____ Date _____