**Named Insured**: _____ _____

## INDEPENDENT CONTRACT 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 before for each independent contractor that has **NOT** provided you with a Certificate of Insurance for Workers Compensation (proof of Workers' Compensation policy). The person doing the work should complete the checklist.

**Name of Independent Contractor**: _____

**Type of Work Performed**: _____

Type of Business _____ Individual ____ Sole Proprietor ____ Partnership ____ LLC ____ Incorporated

Duration of Contract: _____
Begin date End date Ongoing

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

(a) Is the person/business employed engaged in an independent business or occupation? Yes No
(b) Does the person/business employed have a Federal Tax ID number? Yes No
(c) Does the person/business employed perform similar work or any other business/individual? Yes No
(d) Does the person/business doing the work have the right to hire or fire any employee/helper of the business doing the work? Yes No
(e) Does the person/business employed have control over such employees/helpers? Yes No
(f) Does the person/business employed select their own time to perform work? Yes No
(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? Yes No
(h) Is the person/business paid for the job in a lump sum amount (not paid by the hour)? Yes No
(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? Yes No
(j) Is the person/business employed furnished tools or equipment owned by you? Yes No

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.

I consider the work performed by me/my company to be that of an independent contractor. Therefore, I/my company is not eligible for workers compensation under the Town of Morehead City's policy while performing contracted services for the Town. Furthermore, I (we) agree to hold the Town of Morehead City harmless for any injury to me or my employees that are not the result of the Town's sole negligence while performing any contracted services for the Town of Morehead City. This agreement is not being made under duress.

_____ _____
Signature of Person/Business doing the work Date