

AGREEMENT BETWEEN BUSINESS OWNER AND INTERN TO ESTABLISH INDEPENDENT RELATIONSHIP

Notice of Agreement

The undersigned business owner and the undersigned independent intern hereby agree that the owner **will not** provide Workers' Compensations coverage for any/all services performed.

TERM (DATES) OF AGREEMENT: FROM: _____
TO: _____

Business Owner's Affirmation

Signature of Owner	Date	Federal Tax I.D. Number
Printed Name of Owner		Address (Street or Mailing)
		Address (City, State, Zip)

Independent Intern's Affirmation

Signature of Intern	Date	Federal Tax I.D. or Social Security Number
Printed Name of Intern		Address (Street or Mailing)
		Address (City, State, Zip)

