

AGREEMENT BETWEEN BUSINESS OWNER AND INDEPENDENT CONTRACTOR TO ESTABLISH INDEPENDENT RELATIONSHIPS

Notice of Agreement

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

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

Business Owner's Affirmation

Federal Tax I.D. Number

Signature of Owner Date Address (Street or Mailing)

Printed Name of Owner Address (City, State, Zip)

Independent Contractor's Affirmation

Federal Tax I.D. or Social Security Number

Signature of Owner Date Address (Street or Mailing)

Printed Name of Owner Address (City, State, Zip)

