

Declaration of Independent Contractor Status Form

We certify UNDER PENALTY OF PERJURY that: (name and trade name) _____

performing (type of work) _____

Social Security or Federal Employer Identification # _____

Address: _____ Phone: _____

is an independent contractor (IC) and is not an employee of the following policyholder (PH): Golden Triangle Construction Inc.

Address: 700 Weaver Park Rd, Longmont CO 80501 Policy # 4013024 Phone: 303-772-4051

We also certify, by OUR initials WHERE APPLICABLE, that the above business for which the above individual performs services meet the following criteria:

IC _____ PH _____ 1. The business DOES NOT require the individual to work ONLY for the business for whom services are performed (except that the individual may DECIDE to work only for the business for a definite period);

IC _____ PH _____ 2. The business DOES NOT establish a quality standard for the individual (except that the business may provide plans and specifications regarding work but cannot oversee the actual work or instruct the individual as to how work will be performed);

IC _____ PH _____ 3. The business DOES NOT pay the individual a salary or an hourly rate instead of a fixed or contract rate;

IC _____ PH _____ 4. The business DOES NOT terminate the work or the service provided during the contract period unless the individual violates the terms of the contract or fails to produce a result that meets the specifications of the contract;

IC _____ PH _____ 5. The business DOES NOT provide more than minimal training for the individual;

IC _____ PH _____ 6. The business DOES NOT provide tools or benefits to the individual (except that materials and equipment may be supplied);

IC _____ PH _____ 7. The business DOES NOT dictate the time of performance (except that a completion schedule and a range of agreeable work hours may be established);

IC _____ PH _____ 8. The business DOES NOT pay the individual personally instead of making payment or checks payable to the trade or business name of the individual;

IC _____ PH _____ 9. The business DOES NOT combine the business operations in any way with the individual's business operations instead of maintaining all such operations separately and distinctly.

CERTIFICATION BY INDEPENDENT CONTRACTOR

THE INDEPENDENT CONTRACTOR UNDERSTANDS THAT HE/SHE:

• WILL NOT BE ENTITLED TO ANY WORKERS' COMPENSATION BENEFITS IN THE EVENT OF INJURY.

• IS OBLIGATED TO PAY ALL FEDERAL AND STATE INCOME TAX ON ALL MONEY EARNED WHILE PERFORMING SERVICES FOR THE BUSINESS.

• IS REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURANCE FOR ALL WORKERS THAT HE/SHE HIRES.

Independent Contractor Signature _____ Title _____ Social Security # _____

STATE OF COLORADO, COUNTY OF _____

Subscribed and sworn before me by _____ this _____ day of _____, _____

Commission expires: _____

NOTARY PUBLIC

Acceptance of the Independent Contractor named on this form does not change any party's responsibility under the Workers' Compensation Act. If individuals or organizations hired or contracted by the Independent Contractor are not covered by other workers' compensation insurance, the policyholder specified on this form will be charged premium for coverage of those individuals or organizations.

CERTIFICATION BY BUSINESS

I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed.

Jeff Nading

President

Signature _____ Title _____

STATE OF COLORADO, COUNTY OF _____

Subscribed and sworn before me by _____ this _____ day of _____, _____

Commission expires: _____

NOTARY PUBLIC