



# Independent Contractor Questionnaire

This form is to be filled out in its ENTIRETY. Incomplete or unsigned forms will not be accepted.

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 have a Commercial Drivers License Yes No License Number \_\_\_\_\_

I have been in this trade or profession for \_\_\_\_\_ months \_\_\_\_\_ years

What is your Dept. of Transportation (D.O.T.) number? \_\_\_\_\_ What year did you acquire it? \_\_\_\_\_

I own my truck I lease my truck (If checked, copy of lease agreement required)

I am paid by the load by the mile other (please explain)

If other, please explain.

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

I have a Commercial Auto Liability Policy. 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 have the right to work without direction or control from others. Yes No

I have the right to refuse a load. Yes No

I have worked for the following general contractors or clients during the past 12 months (list the % of your gross receipts that are attributed to each client, the total should equal 100%:

	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.

Signature of contractor/worker

Date