

Workers' Compensation Form

All vendors are required to be compliant with state law requirements for Workers' Compensation. **Please complete all FIVE STEPS, in their entirety. All owners are required to sign.**

Step 1:

Company Name*:

Company Address:
City, State, ZIP

Step 2:

All owners are required to sign this document. I do hereby certify that I am the majority shareholder of the entity conducting business with SDP, Inc. and that it is organized as

- a: Individual/Sole
- Proprietor Corporation
- Partnership
- Limited Liability Company
 - Limited Liability - Disregarded Entity
 - Limited Liability - Corporation
 - Limited Liability - Partnership
- Other (please state) _____

Step 3:

Worker's Compensation - Please Select One Box:

- My organization is **exempt** from any state requirement to maintain a worker's compensation policy.
- My organization is **not exempt** from any state requirement to maintain a worker's compensation policy. **A copy of my worker's compensation insurance policy is attached hereto.**

Step 4:

All Vendors - Please Check this Box:

- I certify that I will provide a Certificate of Insurance and Additional Insured for Workers' Compensation to "Skyline Construction Services-NW, LLC and Skyline Contracting Services-USA, Inc." within 10 calendar days of any legal change of status to my organization which requires the organization to maintain a worker's compensation insurance policy.

Step 5:

Skyline. requires that all owners sign this document; *your signature verifies that the owners listed have been reviewed and reflect the proper ownership for your company.*

<u>Owner Name</u>	<u>Signature</u>	<u>Date</u>

*Company Name should include Legal Name and DBA/Fictitious Name if applicable. If sole-proprietor using a social security number please place the individual's name first, than the Business Name.