Annex A

Business Entity and Insurance Statement

This statement documents whether workers' compensation or general liability coverage applies to the work Contractor performs. Without it, Overneath's insurance carrier may assume at annual audit that Contractor falls under Overneath's policies and assess additional premiums. Where Contractor carries their own insurance, Overneath may request a Certificate of Insurance (COI), which is the one-page insurer summary of coverage types and policy dates, not the full policy.

1. Business Information

Business / Sole Proprietor Name

Business Name (DBA), if any

Street Address

City, State, Zip

2. Sole Proprietor Status

☐ **Option A.** I am operating as a sole proprietor, working alone.

- I am a sole proprietorship, and not a corporation, partnership, or limited liability company.
- I do not hire employees, casual labor, or subcontractors with employees, and I pay my own business operating expenses.
- I acknowledge that as a sole proprietorship without employees, I am by law not covered by or subject to the Workers' Disability Compensation Act. I will notify Overneath before my next assignment if this changes, and will provide verifying documentation on request.

☐ I can provide a workers' compensation or general liability COI (optional).

COI Upload (optional): |_____|

☐ **Option B.** I am operating as a business entity, or I hire employees or subcontractors.

- I must provide Overneath with a Certificate of Insurance showing Workers' Compensation and General Liability coverage for my business and any workers I provide.

COI Upload (required): |_____|

Declaration. My signature below confirms that the information provided and the option selected above are true and accurate.

Signature of Business / Sole Proprietor

Date