



DEPARTMENT OF FINANCE

City of Farmington Hills

**SOLE PROPRIETOR FORM**  
**For Sole Proprietor's with No Employees**

For workers compensation purposes we are required to maintain verification regarding workers compensation coverage for all of our independent contractors.

You must provide the following information if you:

- A. are a sole proprietor with no employees, and
- B. do not carry workers compensation insurance.

- 1) Name of Sole Proprietor: \_\_\_\_\_
- 2) Social Security Number or Federal Tax Identification Number: \_\_\_\_\_
- 3) I am doing business as: \_\_\_\_\_

Please attach one of the following:

- a copy of the assumed name certificate you filed with the county; or
- your business card; or
- a copy of your advertisement (Yellow Pages, Newspaper, etc.); or
- List one other business or private homeowner that you have worked for during the period of July 1, through current date, including the name and address:

\_\_\_\_\_  
\_\_\_\_\_

Please complete the following statement:

I, \_\_\_\_\_, a Sole Proprietor with no employees will provide \_\_\_\_\_ Services to **The City of Farmington Hills** on a periodic basis. I do understand that I am not entitled to workers compensation benefits under Michigan's Law, therefore, I am personally responsible for any injuries/illnesses I may sustain while performing my services to said entity.

Dated at: \_\_\_\_\_, on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_  
Sole Proprietor

Notary Public, \_\_\_\_\_ County

STATE OF MICHIGAN, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, who being by me duly sworn did state that she/he is not entitled to workers compensation benefits as indicated under Michigan's Law, and will not hold responsible the above named entity she/he may provide services to for any injury(ies) illness(es) she/he may sustain while performing such indicated services.

Seal/Stamp

Notary Public, \_\_\_\_\_ County  
My Commission expires \_\_\_\_\_

Accounting  
248.871.2440 Phone  
248.871.2431 Fax

Assessing  
248.871.2470 Phone  
248.871.2471 Fax

Treasury  
248.871.2480 Phone  
248.871.2481 Fax