

Innovative Technologies, Inc.

Freelance Subcontractor Insurance Declaration Form

I hereby certify that the information below is true and correct and is based upon my personal knowledge:

1. My name is _____, and my current address is _____.
2. I am over the age of eighteen (18) and am competent to testify in a court of law.
3. My trade is _____, (TV production technician, etc.)
4. I am in business for myself with no employees and I trade under the name of _____
_____. My principal place of business is _____.
5. I have not elected to be a covered employee under Section 227 of the Labor and Employment Article.
6. Last year, I filed a Schedule 1040 C with my federal tax return.
7. I provide my own tools for the work I perform.
8. (if applicable) I am a partner in _____
(name of partnership), and I am not a covered employee under Section 9-219 of the Labor and Employment Article.

THE FOLLOWING TWO SECTIONS MUST BE COMPLETED IN ORDER TO ACCEPT ASSIGNMENTS FROM ITI.

WORKMAN'S COMPENSATION

I am an officer in _____ (name of corporation) and I have elected to be exempt from Workman's Compensation coverage.

- I do NOT possess Workman's Compensation coverage. I will not hold Innovative Technologies, Inc. liable for any worker's compensation issues that arise.

Signature: _____ Witness: _____

GENERAL LIABILITY INSURANCE

I further understand that I MUST possess General Liability Insurance in order to receive any Independent Contractor assignments from ITI. My insurance carrier and policy # are: (copy must be provided)

Signature: _____ Witness: _____