

VILLAGE OF FRANKFORT  
432 W. NEBRASKA STREET  
FRANKFORT, IL 60423  
815-469-2177  
815-412-2442 (FAX)

VILLAGE OF FRANKFORT  
INDEPENDENT CONTRACTOR AFFIDAVIT

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone or Cell Number: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Specified Trade: \_\_\_\_\_

All of the following are to be checked yes or no:

True      False

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. I am an independent contractor working in the construction trades.       |
| _____ | _____ | 2. I am not employed by a corporation.                                      |
| _____ | _____ | 3. I have not incorporated my business.                                     |
| _____ | _____ | 4. I am not in a partnership.   |
| _____ | _____ | 5. I do not employ nor do I intend to employ any individual.                |
| _____ | _____ | 6. I do not, nor do I intend to hire any subcontractor to perform any work. |

This affidavit is a statement by the affiant that the affiant operates as an independent contractor. By signing this affidavit, the affiant understands that the affiant and the affiant and the affiant's heirs have no right to recover any benefits under the Worker's Compensation Act from anyone for whom the affiant is operating as an independent contractor should affiant sustain injuries or be killed while in the performance of duties as an independent contractor. This affidavit is binding and holds harmless any person and their workers compensation carrier when the affiant is found to have been injured or killed while operating as an independent contractor by the Worker's Compensation Board. Affiant represents that the affiant has read and understands this affidavit; that the affiant has had an adequate opportunity to seek and receive the advice of counsel prior to executing this affidavit; and that the affiant freely and with duress or concern has executed this affidavit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_