

**INDEPENDENT CONTRACTOR/SOLE
PROPRIETOR/SMALL BUSINESS FORM**

MY NAME IS _____ AND I AM DOING
BUSINESS AS _____ IN THE STATE
OF _____.

I AM CONTRACTED WITH AND PERFORMING SERVICES AS AN
INDEPENDENT CONTRACTOR FOR P.K. MANAGEMENT GROUP, INC., A
FLORIDA CORPORATION. I AM NOT AN EMPLOYEE OF P.K.
MANAGEMENT GROUP, INC. FOR PURPOSES OF WORKERS'
COMPENSATION INSURANCE OR ANY OTHER PURPOSE.

NEITHER I, NOR MY BUSINESS, ARE REQUIRED TO MAINTAIN
WORKERS COMPENSATION INSURANCE UNDER THE LAWS OF THE
STATE IN WHICH I RESIDE AND DO BUSINESS. IF THE STATE IN
WHICH I RESIDE AND DO BUSINESS ALLOWS ME TO FILE FOR AND
OBTAIN A CERTIFICATE OF EXEMPTION I WILL OBTAIN SUCH
EXEMPTION AND FORWARD SAME TO P.K. MANAGEMENT GROUP,
INC.

I FURTHER ACKNOWLEDGE AND AGREE THAT I AM NOT
ENTITLED TO WORKERS COMPENSATION BENEFITS FROM P.K.
MANAGEMENT GROUP, INC., NOW OR IN THE FUTURE.

I UNDERSTAND THAT IF I HIRE ANY EMPLOYEES TO WORK FOR
MY BUSINESS THAT I MUST MAINTAIN WORKERS' COMPENSATION
INSURANCE ON THOSE EMPLOYEES AND BE IN FULL COMPLIANCE
WITH THE LAWS OF THE STATE IN WHICH SERVICES ARE
PERFORMED AND I SHALL PROVIDE PROOF OF SUCH COVERAGE TO
P.K. MANAGEMENT GROUP, INC.

**INDEPENDENT CONTRACTOR,
SOLE PROPRIETOR, OR SMALL
BUSINESS**

DATE