



Workers' Compensation Form

All vendors are required to be compliant with state law requirements for Workers' Compensation. **Please complete all FIVE STEPS, in their entirety.**

Step 1:

Company Name: _____

Company Address: _____

City, State, Zip _____

Phone Number: _____

Owner Contact Name: _____

Step 2:

All owners are required to sign this document. I do hereby certify that I am the majority shareholder of the entity conducting business with MCS and that it is organized as a:

- Sole Proprietor
- Corporation
- S Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Other (please state) _____

Step 3:

Worker's Compensation - Please Select One Box:

- My organization is **exempt** from any state requirement to maintain a worker's compensation policy. **A copy of the relevant statute regarding my exemption is attached hereto.**
- My organization is **not exempt** from any state requirement to maintain a worker's compensation policy. **A copy of my worker's compensation insurance policy is attached hereto.**

Step 4:

All Vendors - Please Check this Box:

- I certify that I will provide a Certificate of Insurance for Workers' Compensation to Mortgage Contracting Services within 10 calendar days of any legal change of status to my organization which requires the organization to maintain a worker's compensation insurance policy.

Step 5:

Signature _____

Name _____
(Print)

Date _____