

Contractor Information

Full Name: _____
Company Name (if applicable): _____
Phone Number: _____
Email Address: _____
State of Work Performance: _____

Independent Contractor Status Confirmation

As a condition of performing services for Lisscombe Solutions, LLC, I acknowledge and confirm the following:

- 1. **Independent Contractor Status:** I am engaged as an independent contractor and not as an employee of Lisscombe Solutions, LLC. I understand that I am responsible for my own **taxes, insurance, and compliance with all state and federal laws** governing independent contractors.
- 2. **Workers’ Compensation & Unemployment Benefits:** I understand that I am **not entitled to workers’ compensation, unemployment benefits, or any other employment-related benefits** from Lisscombe Solutions, LLC. If my state requires independent contractors to obtain workers’ compensation insurance, I will either provide proof of coverage or sign the appropriate waiver.
- 3. **State-Specific Compliance:** I acknowledge that certain states require additional compliance documentation to confirm my independent contractor status. If my state mandates an additional form, I agree to complete and submit the required documentation within the specified timeframe.

The following states have specific independent contractor compliance requirements:

- **Massachusetts:** Requires an **Independent Contractor Acknowledgment Form** to confirm independent status. ☐
- **New York:** Certain construction contractors must file a **Notice of Independent Contractor Status** with the state. ☐
- **Georgia:** Requires an **Independent Contractor Verification** form to be signed within **30 days** of work start. ☐

Please check the applicable box if you reside in or perform work in any of these states:

◦

I understand that I am responsible for complying with the independent contractor laws of my state of work performance.

- 4. **Liability & Indemnification:** I assume full responsibility for my own work, actions, and any injuries or claims arising from my services. I **agree to indemnify, defend, and hold harmless** Lisscombe Solutions, LLC, its officers, employees, and affiliates from any claims, liabilities, damages, or costs resulting from my work as an independent contractor.
- 5. **Government Site & Safety Compliance:** If I am performing work on a government site, I agree to comply with **all federal, state, and local safety regulations, including OSHA and any site-specific security requirements.**

Acknowledgment & Agreement

By signing below, I confirm that I have read, understand, and voluntarily agree to the terms outlined in this State-Specific Compliance Acknowledgment.

Contractor Signature	Lisscombe Solutions, LLC Representative
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
	Title: _____

This document must be signed and submitted before commencing any work under Lisscombe Solutions, LLC. If you have any questions, please contact our office at 3379 Peachtree Road, Suite 700, Atlanta, GA 30326.