

2020-081144

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2020 Nov 6 9:37 AM

BENJAMIN ROSE
534 E 37TH AVE LOT 623
HOBART, IN 46342

State Form 56478 (1-18)

Worker's Compensation Board of Indiana
Clearance Certificate for Independent Contractors



NOT OFFICIAL!
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the Lake County Recorder!

Name of Independent Contractor
BENJAMIN ROSE

Trade Name of Independent Contractor
BENS REMODELING

Specified Trade
REMODELING

Address
**534 E 37TH AVE LOT 623
HOBART, IN 46342**

FEIN or SSN
xxx-xx-0156

Phone
(219) 290-2409

E-mail Address

Date Issued:
10/27/2020

Affidavit of Exemption Number
167127

Is applicant an Indiana resident? **YES** If not, state of residence:

Pursuant provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, Applicant has confirmed the following information in pursuit of the issuance of this Independent Contractor Certificate of Exemption:

NO Applicant is an independent contractor, as defined by IC 22-3-6-1(b)(7) and/or IC 22-3-7-9(b)(5).

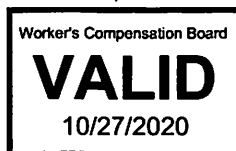
YES Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)
Sole Proprietorship name: **BENS REMODELING** Business ID: **424-15-0156**

NO Applicant is in a partnership as defined by IC 22-3-6-1(b)(5) and IC 22-3-7-9(b)(3)
Partnership name: Business ID:

NO Applicant's independendant contractor business is an LLC, an S corporation, or otherwise incorporated and applicant is an officer of that corporation.

NO Applicant has employees.

Pursuant to the authority vested in me and in reliance upon the express representations made above, I hereby certify that applicant is entitled to and hereby is declared to be exempted from purchasing worker's compensation insurance coverage for the applicant identified above.



Mary Taivalkoski
Mary Taivalkoski
Executive Administrator

This certificate expires one (1) year from validation date.

State Use Only

\$ 20.00 Filing Fee Paid
DOR Filing Fee \$0.00 WCB Filing Fee \$0.00

Date Entered: 10/27/2020

Validation Date: 10/27/2020

FD\$100
JTB
cash