

INDEPENDENT CONTRACTOR AFFIDAVIT



The undersigned, _____ of _____, being of legal age, and whose Federal ID No. or Social Security No. is _____ be duly sworn, hereby states:

1. I am an independent contractor and am not subject to the control and direction of Air America.
2. I am one of the following: (check one)
 - Sole Proprietor
 - Member of a Limited Liability Company
 - Partner of a Partnership
3. I am a sole proprietor, partner of a partnership, or a member of a limited liability company and an Independent Contractor who is not engaged in the construction industry, not classified as an employee in the State of Florida pursuant to Section 440.02 (15)(d)(1.), Florida Statutes (2004), and not subject to the workers' compensation requirements as mandated in Chapter 440, Florida Statutes (2004).
4. One of the following apply: (check one)
 - I accept my default exemption from the provisions of Chapter 440, Florida Statutes (2004), and thus WAIVE ANY RIGHTS to workers' compensation benefits in the State of Florida. By accepting such exemption, I attest that I have not filed a notice with the Department of Financial Services in Tallahassee revoking such exemption.
 - I have an effective insurance contract that provides workers' compensation benefits for me, of which a copy of the insurance policy is attached.
 - I elect workers' compensation benefit coverage under Air America's workers' compensation policy and understand that I will be billed for the coverage at the rates stated in the 'Flight Instructor – Independent Contractor's Agreement' executed by me and Air America.
5. I understand that Air America is not required to be a party to an insurance contract providing workers' compensation coverage pursuant to Chapter 440, Florida Statutes (2004).
6. Unless electing to be covered under Air America's workers' compensation policy, I understand that I do not have the right to recovery of workers' compensation benefits from Air America pursuant to Chapter 440, Florida Statutes (2004). I have read Section 440.02 (15)(d)(1), Florida Statutes (2004) (copy attached), and I agree that I am an Independent Contractor as defined by paragraphs (a) through (c) of the above referenced statute.
7. I understand that if my exemption status or my workers' compensation benefits covered under an insurance policy expire or change, I will communicate immediately (in writing) to Air America such changes, and I will suspend all services in connection with this Agreement until assessed and resolved with Air America.
8. I have no employees.

Witness my hand under the penalties of perjury on _____.

Print name

Signature

NOTARY STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____,

by _____, who is:

_____ personally known to me OR _____ has produced _____, as identification

Notary Signature _____ My Commission Expires _____