



**Independent Contractor Status Determination Statement**

A. I certify that I have reviewed the services to be provided by: \_\_\_\_\_  
(name of contractor)

On April 30, 2018 the California Supreme Court adopted new criteria when determining whether workers in California should be classified as employees or as independent contractors. The court ruled that an entity classifying an individual as an independent contractor bears the burden of establishing that such a classification is proper under the "ABC test" used in other jurisdictions. Under this ruling, any independent contractor hired must meet the following ABC test:

(A) The worker is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact; *and*

(B) The worker performs work that is outside the usual course of the hiring entity's business; *and*

(C) The worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed.

B. Based on the results of my review, the individual to be engaged under this contract appears, for state and federal employment tax withholding and related reporting purposes to be an:

☐ Independent Contractor

I understand that, notwithstanding this certification, the proper status of the person(s) hired under the contract being reviewed depends on the manner in which the work is performed and on the nature of the relationship between the contractor and the State agency personnel responsible for the supervision of the contract. Therefore, the status of the contractor for state and federal employee tax withholding and related reporting purposes will be predetermined when the manner in which the work is performed or the relationship between the contractor and the state agency changes sufficiently to alter the validity of this certification.

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of, authority, and responsibility for the work under this contract to effectively make this certification.

\_\_\_\_\_  
Program Manager Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HUMAN RESOURCES (OFFICE USE ONLY)**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*NOTE: For this certification to be considered adequate, it should be signed by a state agency manager with responsibility to supervise and monitor the work to be performed under the contract. Certifications by clerical staff and others with inadequate knowledge of, or responsibility for, the work to be performed will be rejected as inadequate.

# Instructions for completing SFSU Vendor 204 Form

SFSU Vendor 204 Form is required from each vendor/contractor doing business with San Francisco State University. This form is used in lieu of federal Form W-9 and the state of California Vendor Data Record.

## 1. Tax exempt/governmental/School District Vendor

Complete SFSU Vendor 204 Form, sections 1 through 3, and 6 only

## 2. In-State Vendor

- **Individual:** Complete SFSU Vendor 204 Form, sections 1 through 6
- **Business Entity:** Complete SFSU Vendor 204 Form, sections 1 through 6; in section 2, and section 4, check appropriate boxes for the state of California, and Federal tax purposes

## 3. Out-of-State Vendor

- **Individual:** Complete SFSU Vendor 204 Form, sections 1 through 6
- **Business Entity:** Complete SFSU Vendor 204 Form, sections 1 through 6
  - If vendor has a permanent place of business in California or is registered with the California Secretary of State, **and** is subject to the laws of California, California **Form 590** (current year version) is required, by accessing to: <https://www.ftb.ca.gov/forms/2021/2021-590.pdf>
  - If vendor has a “Reduced Withholding Certificate” from the state of California Franchise Tax Board, attach a copy of the Certificate signed by the California Franchise Tax Board

## 4. Non-U.S. Vendor

- **Individual:** Complete SFSU Vendor 204 Form, Sections 1 through 6, and additionally federal Form W-8BEN by accessing to: <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Business Entity:** Complete SFSU Vendor 204 Form, sections 1 through 6, and additionally, federal Form W-8BEN-E by accessing to: <https://www.irs.gov/uac/about-form-w-8ben-e>



# SFSU Vendor 204 Form

This information is required from each vendor/contractor doing business with the State of California. This form is required in lieu of IRS W-9 and State of California Form 204. The completed form must be on file with San Francisco State University prior to payment. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See SFSU Vendor/Payee Form Information for more information and Privacy Statement.

**NOTE: Governmental entities, federal, state, and local (including school districts) – Fill out sections 1 to 3, and 6 below only.**

1. \_\_\_\_\_  
Name (as shown on your income tax return) Social Security Number (SSN), or ITIN

\_\_\_\_\_ Business name/disregarded entity name if different from above Federal Employer Identification Number (FEIN)

Address - Physical Address (Number and Street)

City, State and Zip Code

Exemptions (see 2nd page for instructions):

2. Check appropriate box for federal tax classification: (check one)

☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Limited Liability Company: enter the tax classification here \_\_\_\_\_ (D-Single Member/C-corp./S-corp./P-partnership)

☐ Other, please explain \_\_\_\_\_

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting Code (if any) \_\_\_\_\_

3. Check the box which best describes your primary business with SFSU: (check one)

☐ Legal Services ☐ Legal Settlements ☐ Medical Services ☐ Royalties

☐ Non-employee Compensation ☐ Prizes/Awards ☐ Equipment/Supplies ☐ Interest

☐ Rent ☐ Research/training ☐ Other, describe \_\_\_\_\_

4 For California Tax Purposes: (check one)

☐ CA Resident (Individual)

☐ CA Business Entity

☐ CA Nonresident individual or non-CA entity - Services performed in California may be subject to state withholding.

Have business connection in California? Yes No If yes, see Instructions.

Reduced Withholding Certificate from Franchise Tax Board? Yes No If yes, see Instructions.

**For Federal Tax Purposes: (check one)**

☐ US Citizen or Permanent US Resident Alien (Individual)

☐ Alien - Not a US Citizen or a Permanent US Resident Alien (individual) - see Instructions.

Your current non-immigrant Visa Type: \_\_\_\_\_

Services performed outside the US? Yes No

☐ US Business Entity

☐ Non-US Business Entity – see Instructions.

Service performed in the US? Yes No

For payment to Alien or non-US entity, additional info. may be required. Please contact Tax Specialist at 415-338-2325 in Fiscal Affairs, ADM358

5. Are you currently an employee of, or do you have relatives employed at, SFSU? Yes No

If yes, Name \_\_\_\_\_ Dept. Name \_\_\_\_\_ Relationship \_\_\_\_\_

6. I hereby certify under penalty of perjury that the information provided on this document is true and accurate. I will promptly notify SFSU of any changes.

Name of Individual, or company Authorized Representative: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_ Website: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Address: If address listed on page 1 is the only address, skip this section and continue.**

Purchase Order/Bid Address

PO Phone & Fax Numbers

E-Mail & Internet Address

Remittance Address (if different)

AIR Phone & Fax (if different)

**Certification: My Business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as:**

**Disabled Veteran Owned Business**

**Small \_\_\_ Micro \_\_\_ Business (Select One)**

**Certification Number** \_\_\_\_\_

**Certification number** \_\_\_\_\_

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2—The United States or any of its agencies or instrumentalities
  - 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
  - 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
  - 5—A corporation
  - 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
  - 7—A futures commission merchant registered with the Commodity Futures Trading Commission
  - 8—A real estate investment trust
  - 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
  - 10—A common trust fund operated by a bank under section 584(a)
  - 11—A financial institution
  - 12—A middleman known in the investment community as a nominee or custodian
  - 13—A trust exempt from tax under section 664 or described in section 4947
- The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Please return completed form to:**

San Francisco State University  
Fiscal Affairs - Vendor Coordinator  
1600 Holloway Avenue, ADM 358  
San Francisco, CA 94132

SFSU Vendor Coordinator  
Phone: 415-338-3561  
Website: <http://fiscaff.sfsu.edu>

## Scope of Work

Please note this is only a template guide. If the scope of work associated with an agreement is more elaborate in nature, feel free to submit a separate document but make sure the information below is also included.

Independent Contractor Name:

**Contracting Department**

**SCOPE OF WORK**

**DELIVERABLES**

**ESTIMATED TIMEFRAME**

**COST**

**MEASURABLE OUTCOMES**



## **Insurance Requirements for Independent Contractors**

### **Minimum Scope of Insurance**

Coverage shall be at least as broad as:

**Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

**Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, covering hired, (Code 8) and non-owned autos (Code 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.

**Workers’ Compensation:** as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.

**Professional Liability (Errors and Omissions):** Insurance appropriate to the Contractor’s profession, with limit no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate. (If applicable – see footnote next page)

### **Other Insurance Provisions**

The insurance policies are to contain, or be endorsed to contain, the following provisions:

#### **Additional Insured Status**

**The State of California, the Trustees of The California State University, California State University, your Campus and auxiliary organization(s) and employees, officers, directors, volunteers and agents (collectively “University”) are to be named as additional insureds** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance

#### **Primary Coverage**

For any claims related to this contract, the **Contractor’s insurance coverage shall be primary** insurance coverage at least as broad as ISO CG 20 01 04 13 as The State of California, the Trustees of The California State University, California State University, your Campus and auxiliary organization(s) and employees, officers, directors, volunteers and agents (collectively “University”). Any insurance or self-insurance maintained by the Campus, its officers, officials, employees, or volunteers shall be excess of the Contractor’s insurance and shall not contribute with it.

#### **Notice of Cancellation**

Each insurance policy required above shall provide that **coverage shall not be canceled, except with notice to the Campus.**



### **Waiver of Subrogation**

Contractor hereby grants to Campus a waiver of any right to subrogation which any insurer of said Contractor may acquire against the Campus by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Campus has received a waiver of subrogation endorsement from the insurer.

### **Acceptability of Insurers**

Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Campus.

### **Claims Made Policies (note – should be applicable only to professional liability, see below)**

If any of the required policies provide claims-made coverage:

1. The Retroactive Date must be shown, and must be before the date of the contract or the beginning of contract work.
2. If coverage is canceled or non-renewed, and not replaced **with another claims-made policy form with a Retroactive Date prior to** the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of **five (5)** years after completion of work.

### **Verification of Coverage**

Contractor shall furnish the Campus with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the Campus before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The Campus reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

**Note:** Professional liability insurance coverage is normally required if the Contractor is providing a professional service regulated by the state. (Examples of service providers regulated by the state are insurance agents, professional architects and engineers, doctors, certified public accountants, lawyers, etc.). However, other professional Contractors, such as computer or software designers, technology services, and services providers such as claims administrators, should also have professional liability. If in doubt, consult with your risk management or insurance advisor.

**If Contractor is unable to provide proof of insurance that meets the Campus' minimum insurance requirements, the Business Unit can request a waiver by submitting the Independent Contractor Insurance Requirement Waiver Request Form along with the Scope of Work to Enterprise Risk Management (ERM). ERM will determine whether the insurance requirements can be waived.**

# CERTIFICATE OF INSURANCE

DATE: (MM/DD/YYYY)

<b>PRODUCER</b>  Insurance Agent/Broker Name Insurance Agent/Broker Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW</b>	
<b>NAMED INSURED</b>  Lessee Name Lessee Address City, State & Zip Code	<b>INSURERS AFFORDING COVERAGE</b> Insurer A: Name of Insurance Company Insurer C: Name of Insurance Company (if applicable) Insurer D: Name of Insurance Company (if applicable) Insurer E: Name of Insurance Company (if applicable)	<b>NAIC #</b> NAIC # NAIC # NAIC # NAIC #

## COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE POLICY LISTED BELOW HAS BEEN ISSUED TO THE ABOVE INSURED NAMED (EVENT HOLDER) FOR THE POLICY PERIOD INDICATED. THE INSURANCE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES) UNLESS AMENDED AS DESCRIBED IN SPECIAL CONDITIONS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOCATION	xx1234-567-890	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Each occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	\$1,000,000 \$ \$ \$ \$2,000,000 \$ \$
B	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	xx123-4567-890	xx/xx/20xx	xx/xx/20xx	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
C	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ Enter Amount	xx1234-567-890	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE AGGREGATE	\$ \$ \$
D	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below	xx999999	xx/xx/20xx	xx/xx/20xx	<input checked="" type="checkbox"/> WC STATUT-ORY LIMITS <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT E.I. DISEASE – EA EMPLOYEE E.I. DISEAS – POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED**

## CERTIFICATE HOLDER

San Francisco State University  
 1600 Holloway Avenue  
 San Francisco, CA 94132

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES, OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name of the Additional Insured Person(s) or Organization(s)	Location(s) of Covered Operations
The State of California, the Trustees of the California State University, the San Francisco State University and the officers, employees, volunteers and agents of each of them.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A: Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part by:

1. Your acts or omissions, or
2. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded by such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B: With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.