

STATE OF OHIO)
)
COUNTY OF _____) SS.

SOLE PROPRIETORSHIP AFFIDAVIT

I, _____, being first duly sworn, depose and say for the
(Name of Group Official)
purposes of obtaining insurance coverage with Medical Mutual of Ohio® ("MMO").

1. I am the _____ for _____ ("Group").
(Title) (Name of Group)

I am an authorized representative of the Group and have full power and authority to act on behalf of Group and legally bind it.

2. The Group is an organization duly organized and licensed to conduct business in the State of Ohio and is not a hobby under IRS regulations.
3. The Group was not organized or created for the purpose of obtaining insurance.
4. The Group's business provides a product or service that is available to the public.
5. To be considered full-time employees, Group members must work the following minimum number of hours per week: _____ (i.e., 20 Hours)
6. I understand and acknowledge that I am familiar with the Underwriting Regulations for group members and that any insurance coverage for my Group is subject to compliance with said Regulations.

Affidavit Worksheet to determine Sole Proprietorship Status

Does your business have a physical location separate from your home address?
 Yes or No

Does your business have a website? Yes or No

If yes, please provide the URL for your website: _____

How do you market your product /service? Please check all that apply:

- Internet advertising
- Social media sites (i.e., Facebook)
- Print publications (i.e. newspapers, magazines)
- Other: _____

If you haven't turned in any tax documents, how will you be filing your taxes as a sole proprietor?

When will be the first time you file taxes for the business? _____

If available, please provide a copy of your prior group insurance carrier invoice.

What records can you provide that show proof of income? _____

Does your annual revenue meet or exceed 40 weeks per year X minimum hours per week to be considered full-time for this business X minimum wage?

E.g., 40 weeks per year X 30 hours per week X \$8.30 per hour = \$9,960

What is your estimated annual profit for this business? _____

Do you have a business bank account? Yes or No

What certificates/licenses/permit do you have that are required by your business?

Do you own any patents or copyrights or trademarks related to your business?

Yes or No

What type of liability insurance coverage do you have, if any? _____

Could you provide any other documentation that proves this is a full-time business?

Yes or No

I understand and acknowledge that MMO has the right to rescind my insurance coverage for the Group and/or any Group member, as applicable, should any of the above information be found to be false, and MMO may also rescind coverage for the Group and/or Group members, as applicable, should the Group and/or Group members engage in fraudulent conduct, deception or misrepresentation relating to any application, coverage, any claim or any usage of an MMO identification card.

I certify that I understand the contents of this Affidavit and further certify that the information stated above is true and accurate, that it may be relied upon by MMO, and that I will promptly notify MMO of any changes in the eligibility of persons enrolled through this Group.

Please sign your full name below. Please print your signature and date below.

Signature

Print Name/Date

Document must be notarized.

SWORN TO BEFORE ME and subscribed in my presence this

(Date) _____ of _____(Month), _____ (Year).