

On Demand/Platform Operators - OccuSafe-GIG

Email completed application to submissions@TrawickInternational.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

COMPANY INFORMATION							
Company's Name:				DBA:			
Address:							
City:				State:		Zip Code:	
Phone:		Ext:		Website:			
Contact Person:				Title:			
Address:							
City:				State:		Zip Code:	
Phone:		Ext:					
Describe the company's business model:							
Does the company contract with individual independent contractors, business entities or both: (select one below)							
Independent Contractors			Business Entities			Both	
How many years has the company been in business?							
How many active independent contractors does the company have?							
Does the company have a 12 month independent contractor projection?							

SERVICES PROVIDED
Describe in detail the services being performed by the independent contractors:
Describe any physical demands (including lifting) associated with the services:

EQUIPMENT
Describe the equipment being used by the independent contractors (e.g. car, smartphone):

EQUIPMENT CONTINUED

Describe the equipment that the company provides to the independent contractors:

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ASSIGNMENT INFORMATION

	Current	Last year	Year Prior
How many assignments were completed by independent contractors for the last 3 years:			
What was the median time duration of assignments for the last 3 years:			
What was the average number of assignments per independent contractor per week for the last 3 years:			

INDEPENDENT CONTRACTOR INFORMATION

What is the minimum age required for independent contractors:			
Does the company issue 1099s to business entities or only independent contractors:			
Do you allow the independent contractors to utilize technology platforms offering a similar service:	Yes	No	
What uniforms or identification badges does the company require of independent contractors?			
Are independent contractors allowed to refuse/reject an assignment?	Yes	No	
Is there a rating method for independent contractors? <i>If yes, explain below.</i>	Yes	No	
Are independent contractors allowed to choose their own method in which assignments are performed?	Yes	No	
Do you perform background check on independent contractors? <i>If yes, how often?</i>	Yes	No	

Describe how independent contractors are compensated (Per assignment/hour):

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	Current	Last Year	Year Prior
What were the average earning per assignment, net of any fees for the last 3 years:			
What were the average weekly earnings per independent contractor for the last 3 years:			
Can an independent contractor accept tips?			
<i>If yes, does the company allow for tipping through the platform?</i>	Yes	No	
Does the company set the rate of pay?	Yes	No	
Does the company pay or reimburse the independent contractor for any expenses?	Yes	No	

Describe any charges, fees, commissions the company charge the independent contractor:

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INDEPENDENT CONTRACTOR INFORMATION CONTINUED		
Does the company have the ability to capture actual time start and finish by assignment?	Yes	No
Describe any training or orientation the company provides for the independent contractor:		
Does the company provide light or restricted duty for independent contractors?	Yes	No
Are casual laborers or helpers used?	Yes	No
Are subcontractors used?	Yes	No
<i>If yes, describe where and how subcontractors are use and provide the percent of work that is subcontracted.</i>		

COMPANY OPERATIONS			
Indicate the number of current independent contractors by state of residence below:			
Alabama	Alaska	Arizona	Arkansas
California	Colorado	Connecticut	Delaware
Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Maryland
Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada
New Hampshire	New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio	Oklahoma
Oregon	Pennsylvania	Puerto Rico	Rhode Island
South Carolina	South Dakota	Tennessee	Texas
Utah	Vermont	Virginia	Washington
West Virginia	Wisconsin	Wyoming	Total
Has there been any litigation against the company? <i>If yes, please provide an addendum of litigation.</i>			Yes No
Has there been any unemployment claims?			Yes No
Has there been any Department of Labor complaints?			Yes No
Describe below the lines of insurance you require independent contractors to have when operating on your platform:			
Is there a business auto policy?			Yes No
What carrier insures the corporate workers compensation?			
Have any independent contractors file workers compensation claims?			Yes No
<i>If yes, please identify all claims and explain how each claim was resolved, including all defense costs incurred per claim.</i>			

COMPANY OPERATIONS CONTINUED		
Has there been any premium audits by a workers compensation carrier? <i>If yes, describe the result.</i>	Yes	No
Describe in detail, when is someone considered under dispatch or on an assignment:		
Describe how the independent contractors identify that an assignment has been completed:		
Describe restrictions, if any, on the amount of assignment an independent contractor can perform on the platform:		

ATTACHMENT CHECK LIST	
Please provide an addendum with the number of assignments completed and the number of active independent contractors by month, for each of the last 24 months.	
Please provide a copy of any agreements between the company and independent contractors.	
Please provide a copy of any agreements between the company, contractors and any third party customers.	
Please provide a current certificate of insurance that the company provides on behalf of independent contractors.	
Please provide a list of any additional company locations.	

DISCLOSURE			
<p>I declare that after proper inquiry, the statements and particulars given in this application are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.</p>			
Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

Email completed application to Submissions@TrawickInternational.com.