



301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll Free 800-803-7693

On Demand Independent Contractor Occupational Accident Application

Date Submitted _____ Effective Date _____

Company Information

Name of Company _____

Address _____

City _____ State _____ Zip _____

Main Contact _____ Title _____

Email Address _____ Website _____

Agency Information

Name of Agency _____

Address _____

City _____ State _____ Zip _____

Producer Name _____

Email Address _____ Phone Number _____

General Information

Description of operations/industry _____

Standard Industrial Class (SIC) _____

Is the organization an Association or other sponsoring entity? _____

Please explain.

Years in business _____ Current geography _____

Expansion plans and 12-month projection _____

Current number of ICs by state of residence on platform *(attach separate sheet if necessary)*

Total number of I/Cs _____ Total number of active I/Cs _____

Number Full Time I/Cs _____ Part Time I/C's _____

Average length of each job _____ Average Jobs/Month/IC _____ / _____ / _____

	Yes	No
Does the Company utilize sub-contractors? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Are casual laborers or helpers utilized? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
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Insurance

Yes No

Are Independent Contractors (ICs) required to hold their own Occupational Injury or Workers' Compensation insurance?

If yes, how is it verified?

Is this a mandatory program for ICs?

Who is responsible to pay the insurance premium? _____

Does the Company currently have an Occupation Accident program?

Independent Contractor Information

Minimum/Maximum age _____ / _____

What is the process for on-boarding I/C's and enrolling in the Occupational Accident program?

How are ICs compensated? *(by job/by hour/by mile/by unit, etc.)*

Are they paid via 1099 or W2? _____

Who sets the rate of pay? _____

Yes No

Can ICs accept tips?

If yes, does the Company allow for tipping through the platform?

Any driving or delivery exposure?

If yes, please explain.

What vehicle types? _____

Are the vehicles owned by the company?

Percentage of deliveries done using a scooter, electric bike or bicycle? _____%

Does the company own the scooter, electric bike or bicycle?

Does the Company obtain MVRs?

How frequently are they pulled? _____

What are the disqualifiers?

Does the Company perform background checks?

How frequently are they performed? _____

What are the disqualifiers?

Are pre-employment physicals required?

Are pre-employment drug screenings required?

Independent Contractor Information *Continued*

Yes No

Does the Company pay or reimburse the IC for any service expenses?

If yes, please explain.

Does the IC use any Company owned equipment/tools?

If yes, please explain.

Underwriting Information

Yes No

Has the Company had any unemployment claims?

Has the Company had any Department of Labor complaints?

Has the Company been cited for any OSHA violations in the last 5 years?

Have any class action complaints been filed against the Company?

Has there been any employee related or negligence litigation against the Company?

What training or orientation, such as the use of technology, communications equipment, proper completion of paperwork, or your customer policies and/or procedures is required?

Does the Company provide light or restricted duty for ICs?

When is someone considered to be performing occupational services?

How do ICs acknowledge that a job has been accepted and completed?

Are there any restrictions on the number of hours a contractor can perform occupational services?

If yes, please explain.

Are there any requirements regarding the times the Independent Contractor must be logged on the technology platform and/or available to receive requests for work?

If yes, please explain.

Do ICs carry any ID at the jobsite (*including trade dress*)?

If yes, please explain.

If contracting via a platform does it include a photo of the IC?

Can ICs work on other tech platforms or as an IC for another organization?

If yes, are there any restrictions?

Underwriting Information Continued

Yes No

Can ICs refuse jobs? Yes No

Can they cancel a job once accepted? Yes No

What, if any, penalties are assessed on the IC for rejecting or cancelling a job?

Can ICs choose the method in which services are performed? Yes No

Is there a rating method for the ICs performance? Yes No

If yes, please explain.

Safety

Yes No

Is there a formal Safety Program in operation? Yes No

If yes, please explain.

What are the physical demands (including lifting) associated with the service?

Explain any height exposure and/or ladder usage.

Benefits

Coverage	Requested Limits
Accidental Death and Dismemberment	\$ _____
Accidental Medical Expense	
Benefit Amount	\$ _____
Benefit Period	_____
Temporary Total Disability	
Benefit Amount Per Week	\$ _____
Benefit Period	_____
Continuous Total Disability	
Benefit Amount Per Week	\$ _____
Benefit Period	_____
Combined Single Limit Per Insured	\$ _____
Other _____	_____

Contingent Liability

Yes No

Has any prior Workers' Compensation, Contingent Liability, or similar coverage been declined, cancelled, or non-renewed?

If yes, please explain.

What is the current Workers' Compensation Experience Modification Factor? _____

Has the Company ever experienced a loss under Workers' Compensation, Contingent Liability or similar coverage where an Independent Contractor claimed employee status?

If yes, please explain.

Coverage Limits

Coverage A (Benefits)	Coverage B (Employer's Liability)
<input type="checkbox"/> Statutory Workers' Compensation	<input type="checkbox"/> \$100,000 Bodily Injury by Accident (Each Accident)
<input type="checkbox"/> Other	<input type="checkbox"/> \$500,000 Bodily Injury by Disease (Policy Limit)
	<input type="checkbox"/> \$100,000 Bodily Injury by Disease (Each Employee)
	<input type="checkbox"/> Other _____
	\$ _____ Bodily Injury by Accident (Each Accident)
	\$ _____ Bodily Injury by Disease (Policy Limit)
	\$ _____ Bodily Injury by Disease (Each Employee)

I hereby acknowledge that all answers and statements contained, including the attached data, are true and complete. I understand that the Contingent Liability contract is registered and delivered as a surplus lines coverage under applicable state law. I also understand that no coverage will become effective until an application has been signed and approved by the Insurance Company, a Policy of Insurance is issued, and the required premium is paid.

Broker/Agent Signature _____ Date _____

Applicant Signature _____ Date _____

Yes No

Is Agent/Broker Surplus Lines licensed in state of policy issuance?

If no, please name Agent/ Broker authorized to assume duties and responsibilities of Registered Surplus Lines Agent/Broker, below.

Insurance for this program may be provided by a surplus lines insurer. Risks placed with a surplus lines insurer must be placed in accordance with state and federal law, including applicable surplus lines laws. Surplus lines insurers do not generally participate in State Guaranty Funds and thus insureds are not protected by such funds.

To Be Completed By Surplus Lines Agent/Broker

Broker/Agency _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contingent Liability Insurance is a non-admitted (surplus lines) contractual liability policy and is underwritten by Great American E&S Insurance Company.