



Contractor Information Form

Please print CLEARLY and complete ALL sections ACCURATELY

Contact Information

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ NICKNAME: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS:

STREET _____ APT# _____

CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH: CITY _____ STATE _____

Payroll Information

SOCIAL SECURITY: -- DATE OF BIRTH: ____/____/____

Office Information

U.S. CITIZEN: YES NO GENDER: MALE FEMALE

RACE: HISPANIC WHITE/CAUCASIAN
 BLACK/AFRICAN-AMERICAN NATIVE AMERICAN OR ALASKAN
 ASIAN/PACIFIC ISLANDER OTHER _____

Please list all related skills and abilities:

REFERRED BY: _____



Worker Policies 2021

The following are policies that we expect all individuals working for The Talking, LLC to abide by while assisting on our client's jobs. To continue working with The Talking LLC, individual must agree to the following:

1. Abide by onsite safety standards: Always be aware of your surroundings. If injured, notify a lead/supervisor **IMMEDIATELY**. Appropriate safety equipment must be worn at all times while on a worksite. This includes close-toed shoes, a hard hat and high visibility vest. NO CELL PHONE USE during work hours unless on break/lunch/dinner time.

2. Up-to-date OSHA Forklift Certification is required and must be submitted in order for a worker to operate a forklift while on a jobsite. If a forklift operator is not comfortable with a task, speak up and do not proceed with the task. NO RIDERS on forklift. A forklift operator must wear seatbelts at all times while on/operating the machine. Safely operating a forklift requires preparation, anticipation and careful attention in order to maintain control of the vehicle at all times. Forklift operators must follow safe operating rules at all times. Forklift operators are expected to maintain current certification status at all times. Operators must always maintain control of the forklift, keep a proper lookout, and operate the forklift at speeds safe for the particular operation and worksite conditions.

3. Rigging/Climbing: Proper Rigging/Climbing attire and safety equipment must be worn while acting in a Rigging/Climbing position on a worksite. This includes certified, up-to-date yearly inspected full body harnesses, as well as a hard hat and high visibility vest. Riggers/Climbers must be trained to understand and recognize the hazards associated with the assigned task and aware of surface conditions upon which they will be operating. Riggers/Climbers should have fall protection certification. A Rigger/Climber must be able to anticipate problems before they occur. All tools must be tied off while in the air. Be familiar with various and correct rigging techniques and rigging equipment (e.g., slings, shackles, hooks, hoist, blocks).

4. Substance Abuse/Weapon Policies: You shall NOT consume alcohol, illicit drugs, or possess any weapons while on the job site. When reasonable suspicion exists that a worker has reported to work under the influence of alcohol, illegal drugs, or is impaired due to abuse or misuse of controlled substances including prescription medication (this includes, but is not limited to, medical marijuana or prescription opioids), the worker may be subject to medical assessment and/or alcohol and/or drug testing.

5. Violence on the jobsite of any kind is PROHIBITED. If a worker engages in any activities that endanger other people on the jobsite, harass others on the worksite, or result in the physical harm of another person on the worksite, that worker will be removed from the jobsite.

Signature: _____ Date: _____

INDEMNIFICATION, HOLD HARMLESS AND INSURANCE AGREEMENT

A. INDEMNIFICATION AND HOLD HARMLESS.

To the extent of the law, _____ (print name) ("Subcontractor") agrees to defend, indemnify and hold harmless The Talking LLC ("General Contractor") and Daniel Macintosh ("Owner"), (if any) its/their officers, directors, agents, and employees from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable legal fees and costs arising in whole or in part and in any manner from acts, omissions, breach or default of Subcontractor, in connection with the performance of any work by Subcontractor, its officers, directors, agents employees, and subcontractors.

B. Insurance (Check one)

1. I carry my own insurance.
 - a. Subcontractor hereby agrees that it will obtain and keep in force an insurance policy to cover its liability hereunder in the minimum amounts of \$1,000,000.00 per occurrence (or other appropriate amount agreed upon) and will defend and hold harmless The Talking, LLC, (General Contractor) and its owner for personal injury, bodily injury, and property damage.
 - b. Said liability policies shall name The Talking, LLC (General Contractor) and owner as additional insured and shall be primary to any other insurance policies.
 - c. The subcontractor will obtain and keep in force Workers' Compensation insurance including Employees Liability to the full statutory limits.
 - d. Subcontractor shall furnish to The Talking, LLC (General Contractor) Certificates of Insurance evidencing that the aforesaid insurance coverage is in full force

2. I operate as a sole proprietorship and do not carry my own insurance.

C. Communication and employment

1. Email Address: _____
 - a. By signing this document, you agree and understand that you will be responsible for receiving all changes in policy via the email address that you provided above.
 - b. As a subcontractor, you have the right to terminate your employment and contract with Talking Crewing at any time by resigning via, phone, email, in person, or in your absence from work.
 - c. It is assumed that you will receive all correspondence sent to your provided email. Thus, the submission of an email to the email you provided confirms receipt of all correspondence sent. If you disagree with updates to the policy, you are free to end your contract with Talking Crewing.
 - d. Understand that acceptance of the policy is non-negotiable.

Subcontractor: _____ (print name)

Signature: _____ Date: _____