



CEAVCO Audio Visual Company, Inc.
6240 W 54th Ave Arvada, CO 80002
303 539 3500 Fax 303 539 3501
www.ceavco.com

Thank you for your interest in working with CEAVCO Audio Visual.

CEAVCO requires an agreement between CEAVCO with all independent contractors.

Please fill out the attached Declaration of Independent Contractor Status Form (DICSF). This is an agreement provided and endorsed by Pinnacle Assurance. By completing this form, you are declaring your status as an independent contractor and not an employee of CEAVCO. Please review, sign, have notarized and return to CEAVCO before beginning work on a scheduled project. Should you have any questions, please feel free to contact me at 303-539-3540 or email me at the below email address.

We are requiring all independent contractors to obtain an Employer Identification Number (EIN) as well as a trade name from your state of residency. You will need these before filling out the DICSF. Information on establishing a trade name and obtaining an EIN follows:

How to register trade name in Colorado:

<http://www.sos.state.co.us/biz/FileDoc.do>

If the link is not active google: Colorado Trade name Registration, select Colorado Secretary of State, go to: Register a... (Trade Name)

Application for Employer Identification Number:

<https://irs-tax-id.com/>

Best regards,

Sara M. Horle
Resource Coordinator
CEAVCO Audio Visual., Inc.
sarahorle@ceavco.com
www.CEAVCO.com
303-539-3540 Direct
720-936-8761 Cell

Independent Contractor Information Update

CEAVCO Audio Visual Company, Inc.

6240 West 54th Ave.

Arvada, CO 80002

303-539-3540

Full legal Name	
Contact Cell	
Business Contact Number	
Shirt Size	
Date of Birth	
Drivers license # (used for security clearance for some clients, optional)	
Mailing Address	
City/State/Zip	
Email Address	
Website	
Trade Name	
EIN	
Do you take hourly calls? (1, 2, 3 hours)	
Do you take 4 hour calls?	
Do you take 5 hour calls? (Half day)	
Will you bill hourly past 4 or 5 hours?	
Do you only bill day rates?	
Travel rates (out of state)	
Hourly Rate	
Day Rate	
Travel rate (travel days, non working)	

1. Please fill out the form and email it back to freelancers@ceavco.com

Thank you,

Sara Horle

Resource Coordinator

CEAVCO Audio Visual Company, Inc.

Declaration of Independent Contractor Status Form

According to the Colorado Workers' Compensation Act, a person is an independent contractor, not an employee, if *both* of the following statements are true.

1. He/she is free from control and direction in the performance of the service (unless control is exercised under the requirement of any state or federal statute or regulation).
2. He/she is customarily engaged in an independent trade, occupation, profession, or business related to the services performed.

The Colorado Workers' Compensation Act also outlines nine criteria (listed on page 2) to help determine whether or not the above statements are true. For an individual to be considered an independent contractor, he/she must meet only those criteria that are appropriate to the situation. He/she does not need to meet all of the nine criteria.

This Declaration of Independent Contractor Status Form documents the business relationship as defined in the Colorado Workers' Compensation Act. *It is the responsibility of our policyholders and their independent contractor(s) to correctly and truthfully complete this form.* Pinnacol Assurance will accept this form only when it is initialed where applicable, signed, and notarized by both parties. If you do not understand this form, do not sign it.

If you have any questions, please contact your Pinnacol Assurance underwriter at 303.361.4000 or 800.873.7242.

Please make copies of this form as needed. You should complete this form only once for each independent contractor for the lifetime of your Pinnacol policy or until the business relationship changes.

This form is not valid unless a signed and notarized copy of the form is returned to Pinnacol Assurance. Keep the original for your records and send a copy to Pinnacol. You can do this the following ways:

- **Mail:** Pinnacol Assurance
P.O. Box 469011
Denver, CO 80246-9011
- **Email:** customer_service@pinnacol.com
- **Fax:** 303.361.5000

Declaration of Independent Contractor Status Form

We certify **UNDER PENALTY OF PERJURY** that (insert **contractor's name and trade name** below):

Name: _____ Trade name: _____

Performing (type of work): _____

Federal Employer Identification #: _____

Address: _____

Phone: _____

Is an independent contractor (**IC**) and is not an employee of the following policyholder (**PH**):

Policyholder's name: _____

Address: _____

Policy #: _____ Phone: _____

We also certify, by **OUR** initials **WHERE APPLICABLE**, that the above business for which the above individual performs services meet the following criteria:

- IC__PH.___1.** The business **DOES NOT** require the individual to work **ONLY** for the business for whom services are performed (except that the individual may **DECIDE** to work only for the business for a definite period);
- IC__PH.___2.** The business **DOES NOT** establish a quality standard for the individual (except that the business may provide plans and specifications regarding work but cannot oversee the actual work or instruct the individual as to how work will be performed);
- IC__PH.___3.** The business **DOES NOT** pay the individual a salary or an hourly rate instead of a fixed or contract rate;
- IC__PH.___4.** The business **DOES NOT** terminate the work or the service provided during the contract period unless the individual violates the terms of the contract or fails to produce a result that meets the specifications of the contract;
- IC__PH.___5.** The business **DOES NOT** provide more than minimal training for the individual;
- IC__PH.___6.** The business **DOES NOT** provide tools or benefits to the individual (except that materials and equipment may be supplied);
- IC__PH.___7.** The business **DOES NOT** dictate the time of performance (except that a completion schedule and a range of agreeable work hours may be established);
- IC__PH.___8.** The business **DOES NOT** pay the individual personally instead of making payment or checks payable to the trade or business name of the individual;
- IC__PH.___9.** The business **DOES NOT** combine the business operations in any way with the individual's business operations instead of maintaining all such operations separately and distinctly.

Do not forget to complete page 3 of this form, which contains the Certification by the Independent Contractor. This certification must be signed and notarized.

Certification by Independent Contractor

The independent contractor understands that he/she:

- **Will not be entitled to any workers’ compensation benefits in the event of injury.**
- **Is obligated to pay all federal and state income tax on all money earned while performing services for the business.**
- **Is required to provide workers’ compensation insurance for all workers that he/she hires.**

Signature: _____ Title: _____

Last four digits of Social Security #: **XXX – XX** – _____ (please do not provide us with your complete social Security #)

Acceptance of the Independent Contractor named on this form does not change any party’s responsibility under the Workers’ Compensation Act. If individuals or organizations hired or contracted by the Independent Contractor are not covered by other workers’ compensation insurance, the policyholder specified on this form will be charged premium for coverage of those individuals or organizations.

Notary Public

State of Colorado)
) §§
County of) _____

Subscribed and sworn before me by: _____

This _____ day of _____ , _____

Commission expires: _____

Signature: _____

Certification By Pinnacol Policyholder

I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed.

Signature: _____ Title: _____

Policy # or Federal Employer Identification #: _____

Notary Public

State of Colorado)
) §§
County of) _____

Subscribed and sworn before me by: _____

This _____ day of _____ , _____

Commission expires: _____

Signature: _____

INDEPENDENT CONTRACTOR POLICIES

Invoicing & Payments

All invoices from independent contractors must have the following information:

- Your name, address, and phone number
- Your trade name
- Your Employer Identification Number (EIN)
- Name of the CEAVCO person that booked you
- Job Code (to be provided by the person that booked you; call and ask for it if you do not have it).
- Job site address
- Position (i.e. camera op, TD, grip, etc)
- Exact dates and exact times you worked (including breaks).
 - Breakout invoice by job tasks (setup, show, strike, drive time {if driving for CEAVCO})
- Breakout of expenses, include receipts
- Invoice Amount
 - *Note- If invoice amount is more than what was arranged in advance, you must contact the person that booked you immediately upon conclusion of the event. If you contracted with CEAVCO on an hourly basis, you must contact the CEAVCO representative that booked you or the onsite manager immediately upon conclusion of the event with your final hours and times (including time off for breaks).

In order to expedite payment of your invoices please remember the following:

- **Submit your invoice as soon as possible after the end of the show. A delay in submitting your invoice will likely result in a delay in payment of the invoice.**
- Accepted formats of invoices are Excel, Word, PDF or plain text **sent as an attachment**. Send your invoice to the following email address: Freelancers@ceavco.com. This is the quickest way for you to submit your invoice. Please CC your invoice to the CEAVCO representative that booked you. Their e-mail addresses are included below. If you e-mail or fax your invoice, please do not send an additional copy in the mail.
- Please remember to include all the information requested above on your invoice. If we have to track down this information it will only delay your check. Always be sure to include your phone number and email address so CEAVCO can call you if there are any questions.

Submit all invoices to: freelancers@ceavco.com

Account Reps and Production Managers

Rick Eichenberger	rickeichenberger@ceavco.com	Eric Newkirk	ericnewkirk@ceavco.com
Sara Horle	sarahorle@ceavco.com	Rob Schmidt	robschmidt@ceavco.com
Joe Hartman	joehartman@ceavco.com	Steve Struble	stevestruble@ceavco.com
Brian Miller	brianmiller@ceavco.com	Jonathan Pinks	jonathanpinks@ceavco.com
Sandra Lamden	saundralamden@ceavco.com	Sherry Sulak	sherrysulak@ceavco.com

- Dress
 - Unless specified, the appropriate dress for independent contractors is as follows:
 - Set-Up/Strike:
 - Jeans or khakis, clean and in good condition (no holes), T-Shirt or Polo Style shirt (collared shirt preferred) also clean and in good condition (shirts may not contain any print or graphics that might be deemed offensive by client or other staff), good shoes or work boots, and a watch. CEAVCO also recommends that you bring work gloves and your own set of tools. Your tool kit should include a wrench, screw driver, multi-tool kit, tape measure, flashlight and any other tools that may be needed for your hired position. We also recommend that you bring show clothes with you to show site on set/op days since there might not be time for you to leave and change.
 - Show: Front of House
 - Men- Black dress shirt (coat and tie may be required on some events), dark dress pants or pleated 'Dockers' style pants with belt and dress shoes.
 - Women- Coordinated blouse and dress slacks or skirts (no mini-skirts) and dress shoes. No high heels please.
 - Show: Back Stage (including handheld camera ops)
 - Black dress shirt (no print), black dress pants or 'Dockers' style pants, black shoes, and a watch. Casual dress may also be acceptable for some shows. However, any techs in the view of the audience will be required to wear show dress blacks. Check with the CEAVCO representative that booked you for details.
- Grooming
 - All independent contractors are expected to be well groomed and practice good personal hygiene at all times on show site.
 - Hair should be clean, neatly combed or styled.
 - Neatly trimmed beards and mustaches are acceptable, but 5:00 shadow or 1 and 2 day growth is not.
 - Always carry breath mints, especially if you are a smoker.
- Driving
 - Driving Record
 - All independent contractors that drive for CEAVCO are required to maintain a clean driving record.
 - Smoking in vehicles
 - Smoking in CEAVCO vehicles is not allowed, all CEAVCO vehicles are smoke free
- Conduct
 - Independent contractors are strictly prohibited from promoting themselves, their company, or any other company to the client or other companies associated with the event. Independent contractors should know that they are representing CEAVCO and CEAVCO's best interests.
 - Independent contractors who violate this policy will never again be hired as an independent contractor for CEAVCO.
 - All breaks are to be approved by onsite CEAVCO Staff
 - Do not leave the project site without checking in with the CEAVCO project coordinator.
 - Smoking is never permitted near tech areas such as video village or mix positions and never in front of the client. Smoking breaks must be taken outside or in a designated smoking area.
 - Personal business may be handled on breaks only. If you have a cell phone, please keep personal phone calls to a minimum.
 - If you are unsure about anything on the show, please ask the coordinator that booked you or the onsite CEAVCO representative.
 - Independent contractors are expected to act professionally and courteously at all times.
 - Vulgarity/profanity is not acceptable in front of the client at any time.

If you have any questions please feel free to contact me.

Thank you,

Sara Horle
303-539-3540
sarahorle@ceavco.com

Please sign this form and return to Sara Horle

Printed Name _____

Date _____

Signature _____

Date _____

ACORDIA MOUNTAIN WEST

Commercial Driving Record Release

Name of Subcontractor

(Street Address)

(City, State, Zip Code)

Driving records may be obtained as part of CEAVCO Audio Visual Co., Inc.'s evaluation of my fitness for duty. The reports may be procured by my employer's insurance carrier to provide an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely

(Signature)

(Date of Birth)

(Typed or Printed Name)

(License Number)

(State of License)

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CEAVCO Audio Visual Co., Inc. has reviewed its obligations under the Fair Credit Reporting Act as a consumer reports user, and certifies that it has received or will receive in advance of requesting information about the driving records of or consent reports about any job applicant/employee, an authorization in which subcontractor authorizes in writing the procurement of his/her driving records, to evaluate his/her insurability or for other permissible purposes. will retain the job applicant's/employee's authorization on file in accordance with the requirements of the law for at least two years, and provide to the applicant/employee all required notices.

Sincerely,

(Signature of Employer)

(Date)

(Typed or Printed Name of Employer)