



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 and all independent contractors. This agreement is comprised of three documents:

- A Declaration of Independent Contractor Status Form (Declaration). By completing this form, you are declaring your status as an independent contractor and not an employee of CEAVCO. Please review, complete the top portion and initial paragraphs 1 through 9 on page 2, sign on page 3, have your signature notarized and return the form to me before beginning work on a scheduled project. You may submit to me a Certificate of Insurance in lieu of the Declaration.
- IRS Form W9. Please complete this form with the same information you use on your tax return and return the form to me.
- Independent Contractor Policies. Please review, sign on page 2 and return to me.

Please submit a resume for my files. Include your rates and positions you can fill.

CEAVCO will be unable to release payment for any services provided until you have completed this paperwork.

Should you have any questions, please feel free to contact me at 303-539-3411 or email me at the email address below.

Best regards,

Kimberly Wong
Resource Coordinator
CEAVCO Audio Visual., Inc.
4860 Ward Road
Wheat Ridge, CO 80033
kimberlywong@ceavco.com
www.CEAVCO.com
303-539-3411 Direct

INDEPENDENT CONTRACTOR POLICIES

Invoicing & Payments

All invoices from independent contractors must have the following information:

- Your name, address, and phone number
- Your trade name (if any)
- Your Employer Identification Number (EIN) (if any)
- 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

All contractors must sign and initial log in sheet. Times must be approved by lead or Production Manager onsite.

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

- **We pay invoices based on terms set by the individual freelancer.**
- 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	Newell Besendorfer	newell@ceavco.com
Brian Miller	brianmiller@ceavco.com	Steve Struble	stevestruble@ceavco.com
Emily Sendelbach	emilysendelbach@ceavco.com	Sherry Sulak	sherrysulak@ceavco.com
Ben Remec	benremec@ceavco.com	Kimberly Wong	kimberlywong@ceavco.com
Eric Newkirk	ericnewkirk@ceavco.com	Nick Moore	nickmoore@ceavco.com
Brett Kolesarek	brettkolesarek@ceavco.com	John Safarik	johnsafarik@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 acceptable to CEAVCO's insurance provider.
 - Smoking in vehicles
 - Smoking in CEAVCO vehicles is not allowed, all CEAVCO vehicles are smoke free
- Travel out of town
 - Travel days will be paid at half day rate only
 - Per Diem is paid at GSA issued rate.
Rate can be found here: <https://www.gsa.gov/portal/content/104877>
 - Airport parking should be at The Parking Spot. Please see CEAVCO to be issued a card.
- Travel – Driving to Venues outside of Metro Denver
 - Drive time is paid at regular rate.
 - Drive time is calculated by the time it takes from home to venue.
 - Mileage may be reimbursed. Mileage is determined by the actual miles driven minus the miles from home to CEAVCO office.
 - Carpooling is strongly encouraged.
 - Rate of reimbursement varies annually and is determined by the IRS <http://www.irs.gov/2018-Standard-Mileage-Rates-for-Business,-Medical-and-Moving-Announced>.
 - 2018 rates are .54½ /mile.
- 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.
- Breaks/Hours
 - Full hour meal breaks are taken off the clock.
 - Straight time for 10 hours, and time-and-a-half for any additional hours.

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

Thank you,
Kimberly Wong
303-539-3411
kimberlywong@ceavco.com

Please sign this form and return to Kimberly Wong

Printed Name _____

Date_____

Signature _____

Date_____

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 a member of Pinnacol's customer service team 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:

- **Email:** customer_service@pinnacol.com
- **Mail:** Pinnacol Assurance
P.O. Box 469011
Denver, CO 80246-9011
- **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: (if any) _____

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: Ceavco Audio Visual Co., Inc.

Address: 6240 W. 54th Ave.

Policy #: 4153328 Phone: 303-539-3500

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: Controller

Policy # or Federal Employer Identification #: 4153328

Notary Public

State of Colorado)

) §§

County of Jefferson) _____

Subscribed and sworn before me by: _____

This _____ day of _____, _____

Commission expires: _____

Signature: _____

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)