

**APPLICATION FOR INDEPENDENT  
CONTRACTOR – NEWSPAPER DELIVERY**

Name \_\_\_\_\_ Date \_\_\_\_\_

Employer I.D. # or Social Security No. \_\_\_\_\_

Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Automobile Insurance Company:

\_\_\_\_\_

Name of Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_

**Applicant must provide an acceptable driving record spanning the past three years along with a copy of valid driver's license. A list of acceptable driver criteria will be available upon request.**

**Required Amounts of Insurance coverage:**

**(Proof of the following two insurance policies must be supplied at the time the contract to deliver newspapers is signed by the contractor. We also require a certificate of insurance from your automobile insurance company and your general liability insurance company naming The Randall Family LLC as an additional insured.)**

**Automobile coverage:**

\$100,000.00 Each person

\$300,000.00 Each accident

\$50,000.00 Property damage

**OR**

\$300,000.00 Combined Single Limit

**PLUS**

**General Liability coverage - \$1,000,000.00**

**Note:**

**In the event you are contracted as a newspaper carrier, it is important that you notify your automobile insurance company as to the use of your automobile to insure proper insurance coverage.**

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has bond ever been refused? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have previous experience as an independent contractor for newspaper delivery?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please indicate name or newspaper \_\_\_\_\_

\_\_\_\_\_.

Do you agree to obtain any and all licenses that may be required to do business as an independent contractor or self-employed person? \_\_\_\_\_Yes \_\_\_No

Do you understand that, as an independent contractor, you are responsible for providing delivery coverage for your area at all times at your own expense, including vacations, days off, etc?  
\_\_\_\_\_Yes \_\_\_No

As an independent contractor, you alone are responsible to obtain from an insurer of your choice worker's compensation insurance **if you regularly employ helpers or substitutes**. You must furnish this newspaper with a certificate of liability and workmen's compensation insurance coverage. This must be made available at signing of contract. Do you agree to this condition?  
\_\_\_\_\_Yes \_\_\_No

Do you understand that you are responsible for any and all expenses involved in the delivery of newspapers including, but not limited to, automobile expenses, supplies, etc?  
\_\_\_\_\_Yes \_\_\_No

Do you understand that, as an independent contractor, you are responsible for payment of any and all State and/or Federal Income, Social Security, self-employment taxes, sales and use taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to *The Frederick News-Post* by you? \_\_\_\_\_Yes \_\_\_No

Do you understand that as an independent contractor, you are not eligible for unemployment benefits in the event this contract ends for any reason?  
\_\_\_\_\_Yes \_\_\_No

Do you understand that as an independent contractor, you are not allowed to hire anyone under the age of 18 to be a helper or substitute in the delivery of newspaper?  
\_\_\_\_\_Yes \_\_\_No

**In the event of an emergency, please notify the following person:**

Name \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

**Please list three local references not related to you:**

\_\_\_\_\_ Phone No \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

**Signature of Independent Contractor Applicant:**

\_\_\_\_\_ Date \_\_\_\_\_

**I authorize "The Frederick News-Post" to:**

Contact my present employer as a reference: \_\_\_\_\_Yes \_\_\_No

Contact my former employer as a reference: \_\_\_\_\_Yes \_\_\_No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:**

Upon your written request, we will provide information as to the scope of the inquiry if you so desire.