

# QUESTIONNAIRE TWO

(Applicant must complete all applicable Questionnaires)



## INDEPENDENT CONTRACTOR/CONSULTANTS QUESTIONNAIRE

(Attachment to NIF Social Services Agencies Application)

Applicant must complete a separate Questionnaire for each Independent Contractor/Consultant.

Name of Applicant: \_\_\_\_\_

Independent Contractor name or position/title: \_\_\_\_\_

Date individual first affiliated with Applicant: \_\_\_\_\_

Position and/or duties performed for the Applicant: \_\_\_\_\_

Does the Independent Contractor provide any professional services?  Yes  No

If Yes, describe the professional services: \_\_\_\_\_

\_\_\_\_\_

If Yes, does the Independent Contractor carry Professional Liability Insurance?  Yes  No

Number of hours per week Independent Contractor works for the Applicant: \_\_\_\_\_

Is there is a written contract between the Applicant and the Independent Contractor?  Yes  No

➤ **If Yes, please provide copies of the current contract.**

If No, please explain the Independent Contractor's working relationship with the Applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Yes, does the Applicant indemnify the Independent Contractor for any activity that is the subject of this proposed insurance?  Yes  No

In the past five (5) years has any Claim been made or Regulatory Matter initiated against the Independent Contractor?  Yes  No

Does the Independent Contractor have any knowledge of pending federal, state or local actions or proceedings against the Independent Contractor or in the past five (5) years, been involved in any federal, state or local actions or proceedings?  Yes  No

Is the Independent Contractor aware of any fact, circumstance or situation which could reasonably be expected to give rise to any future Claim or Regulatory Matter?  Yes  No

➤ **If any of the last three questions are answered yes, Applicant must complete a Regulatory Activity and Claims Questionnaire (Questionnaire Three) for each claim, fact, or circumstance.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Must be signed by Applicant: Owner/President/CEO/or Executive Director)

Title: \_\_\_\_\_