



INTEROFFICE USE ONLY-Sub Contractor

Name: _____

Dealership: _____ Position: _____

Sub Rate: _____ Start Date: _____

CSID: ☐ EMP ADV: ☐

ACH Attached: ☐ SS/TIN Attached: ☐

DL/ID # Attached: ☐ W9: ☐

Waiver: ☐ BG Check: ☐

Recruiting / Admin

Steps	Date	Notes	Done	Initials
Phone Screen				
Interview – Referral				
Review with Manager				
Sub Rate & Bill Rate				
Recruiting Roster				
Waiver Copy (Binder)				
W9 Copy Binder				
Clock Spot (Billable Hrs)				
Background Screening				
Drop Box scan				

Accounting –

Steps	Date	Notes	Done	Initials
Jocelyn – QB				
Folder & Label				
Insurance Drivers List				

Notes:



INTEROFFICE USE ONLY-Sub Contractor			
Name: _____			
Dealership: _____		Position: _____	
Sub Rate: _____		Start Date: _____	
CSID: _____	<input type="checkbox"/>	EMP ADV: _____	<input type="checkbox"/>
ACH Attached: _____	<input type="checkbox"/>	SS/TIN Attached: _____	<input type="checkbox"/>
DL/ID # Attached: _____	<input type="checkbox"/>	W9: _____	<input type="checkbox"/>
Waiver: _____	<input type="checkbox"/>	BG Check: _____	<input type="checkbox"/>

Sub-Contractor Information Sheet

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____ SUFFIX: _____
(PRIMER NOMBRE) (SEGUNDO NOMBRE) (APELLIDO) (SUFIXO)

PRESENT ADDRESS: _____ APT# _____
(DIRECCIÓN) (# DE APARTAMENTO)

CITY: _____ STATE (ABBR.): _____ ZIP CODE: _____
(CIUDAD) (ESTADO ABREVIADO) (CÓDIGO POSTAL)

CELL NUMBER: () - EMAIL: _____
(NÚMERO DE TELÉFONO) (DIRECCIÓN ELECTRÓNICA)

DATE OF BIRTH: _____ SS/ITIN # - - DL# ISSUING STATE: _____
(FECHA DE NACIMIENTO) (NÚMERO DE SEGURIDAD SOCIAL O ITIN) (NÚMERO DE LICENCIA DE CONDUCIR Y ESTADO EMITIDO)

EMERGENCY CONTACT:
(CONTACTO DE EMERGENCIA)

NAME: _____ RELATIONSHIP: _____ PHONE # () -
(NOMBRE) (RELACIÓN) (NÚMERO DE TELÉFONO)

_____*As a sub-contractor, I understand I am responsible for workers compensation as required by the state of Texas and I will be responsible for the filing of my own taxes at the end of theyear. **Como subcontratista, entiendo que soy responsable de la compensación de los trabajadores según lo requiera el estado de Texas y será responsable de la presentación de mis propios impuestos al final del año.**

_____*All Sub Contractors must have a Valid Driver's License (please see company policies and procedures for full details.) Anyone that does not have a Valid Driver's License cannot be covered by our automotive insurance. All a Sub Contractors must have a clean background, before and during employment. **Todos los subcontratistas deben tener una licencia de conducir válida (consulte las políticas y procedimientos de la empresa para obtener todos los detalles.) Cualquier persona que no tenga una licencia de conducir válida no puede estar cubierto por nuestro seguro automotriz. Todos los subcontratistas deben tener un fondo limpio, antes y durante el empleo.**

_____*I understand that I can not operate a vehicle if I do not have a valid Texas driver license. I have also read and understand page 8, item #4, of this application packet. **Entiendo que no puedo manejar un vehículo si no tengo una licencia de conducir válida del estado de Texas. También he leído y entiendo la página 8, punto #4, de este paquete de aplicación.**

_____*Sub Contractor Billable Hours must be submitted and approved every Monday by 3 pm. **Las horas facturables deben ser enviadas y aprobadas todos los lunes antes de las 3 pm.**

_____*Checks are processed on the 15th and the last day of each month. Direct Deposit form needs to be submitted prior to date of starting at job site. **Los cheques se procesan el día 15 y el último día de cada mes. El formulario de depósito directo debe enviarse antes de la fecha de inicio en el sitio de trabajo.**

_____*By signing, I agree that I have read and understand the drug-free workplace policy and acknowledge that DIS will conduct a background check in accordance with state and federal laws. **Al firmar, acepto que he leído y entiendo la política del lugar de trabajo libre de drogas y reconozco que DIS llevará a cabo una verificación de antecedentes de acuerdo con las leyes estatales y federales.**

PRINT NAME: _____

SIGNATURE: _____

TODAYS DATE: _____

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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Give Form to the
requester. Do not
send to the IRS.

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Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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Social security number									
				-				-	
or									
Employer identification number									
				-					

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3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here	Signature of U.S. person ►	Date ►
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- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE PRINT

I, _____
FIRST NAME MIDDLE NAME LAST NAME (INCLUDE JR, SR, II, III etc.)

understand that in conjunction with my application for employment, Employer may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings and will use a consumer-reporting agency as an agent to perform its employment related background investigations.

The consumer reporting agency may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the Employer and the consumer reporting agency.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Employer if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Employer.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE EMPLOYER AND ITS AGENTS, AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

Signature Today's Date

Printed Name Position Applied For

Social Security Date of Birth Driver's License # State Issued

Interior Magic and Dealer Integrated Services Driver Policy

Driver is responsible for operating the customer vehicle according to State & Federal Laws and Interior Magic and Dealer Integrated Services company policies at all times. Violation of these laws or company policies may result in the removal of driving privileges and/or termination.

All drivers are expected to maintain a valid Driver's License and maintain a driving record that is considered CLEAR or ACCEPTABLE as defined by the Interior Magic of Texas Inc. and Dealer Integrated Services LLC Driver Qualification Standards. Any driver whose record drops into the category of UNACCEPTABLE will lose driving privileges and may be terminated. Driver agrees not to compete with the business of Interior Magic of Texas Inc. and Dealer Integrated Services LLC for one year following their employment or services to Interior Magic of Texas Inc. and Dealer Integrated Services LLC. Driver agree not to solicit the customers of Interior Magic of Texas Inc. and Dealer Integrated Services LLC for one year following their employment or service to Interior Magic of Texas Inc. and Dealer Integrated Services LLC.

General Rules of Operation- These rules apply to all operation of vehicles.

1. Accidents- all accidents should be reported immediately to the police and your supervisor.
2. Any moving violations must be reported to your supervisor within 24 hours.
3. Transportation of alcohol or any illegal drug or controlled substance is prohibited.
4. Driving under the influence of alcohol or any illegal drug or controlled substance is prohibited.
5. Driver and all passengers must wear personal restraints at all times.
6. All company vehicles, including camper shells must remain locked when not in use.
7. Mobile phones are not to be used while vehicle is in operation.
8. All company drivers must be in the uniform outlined by DIS or IM while operating customer and/or company vehicles.

Rules for Personal Use of Customer Vehicles

1. Customer's vehicles will not be used for personal use of any kind.

IM and DIS- DRIVER QUALIFICATION STANDARDS

These standards apply to drivers of both company-owned vehicles and those drivers of their own vehicles used for company business.

All drivers must:

1. Have a clean driving record
2. Have a valid Driver's License

Any prospective driver will be disqualified from hire for any of the following MAJOR violations within the last 5 years:

1. DWI, DUI, or similar alcohol or drug related offense, including possession of an illegal or controlled substance.
2. Death by vehicle, hit and run, racing or implied consent.
3. Use of vehicle in drug trafficking, reckless homicide or soliciting.
4. Careless or reckless driving.
5. Leaving the scene of an accident.
6. Driving with a suspended or revoked license.
7. Unlawful use of weapons.
8. Passing stopped school bus.
9. Speeding more than 15 MPH over the posted speed limit.

Any prospective driver will also be disqualified from hire for either of the following:

1. 3 or more at-fault accidents and/or moving violations in the last 36 months.
2. 2 at-fault accidents and 2 moving violations in the last 36 months.
3. 2 or more at-fault accidents and/or moving violations in the last 12 months.

After hire, any driver that is convicted of a MAJOR violation, as listed above, or exceeds the acceptable number of at-fault accidents and/or moving violations for any 12 or 36 month period, will immediately lose all driving privileges, and if that same Driver cannot be re-assigned to a non-driving position, may be terminated.

The table below corresponds with the previously stated standards and will be used as a guide for categorizing all drivers, both new and current employees.

GUIDELINES FOR 3 YEAR DRIVING HISTORY

of At-Fault Accidents

# of Violations	0	1	2	3+
0	CLEAR	ACCEPTABLE	BORDERLINE	UNACCEPTABLE
1	ACCEPTABLE	ACCEPTABLE	BORDERLINE	UNACCEPTABLE
2	ACCEPTABLE	BORDERLINE	UNACCEPTABLE	UNACCEPTABLE
3	UNACCEPTABLE	UNACCEPTABLE	UNACCEPTABLE	UNACCEPTABLE
4	UNACCEPTABLE	UNACCEPTABLE	UNACCEPTABLE	UNACCEPTABLE

PROSPECTIVE DRIVERS

- Any prospective driver whose record is in the ACCEPTABLE or CLEAR category will be qualified for hire.
- Any prospective driver whose record is in the BORDERLINE or UNACCEPTABLE category will be disqualified from hire.

EMPLOYED DRIVERS

Any driver whose record becomes BORDERLINE will be required to:

1. Meet with their supervisor to review all company vehicle policies and guidelines, as well as to discuss the causes and ramifications of their drop-in status.
2. Immediately retest on all company sponsored safe driving material.
3. Attend and pass a state sponsored safe and/or defensive driving class.

Any driver whose record becomes UNACCEPTABLE will immediately lose all driving privileges.

AFTER-ACCIDENT REVIEW

After any accident, driver will be required to meet with a team manager or franchise owner. The team manager or franchise owner will:

1. Determine if the accident was preventable (driver-at fault)
2. Evaluate driver's status with regard to the Driver Qualification Standards,
3. See that driver takes appropriate measure to remain a qualified driver and to prevent all future accidents.

MOTOR VEHICLE RECORDS (MVR) REVIEW

All drivers, both of company-owned vehicles and personal vehicles driven for company, whose records are in the CLEAR or ACCEPTABLE category, must have their MVR reviewed once yearly. Any drivers whose records are in the BORDERLINE category must have their MVR reviewed twice annually.

All drivers will be compensated for hours worked at a rate determined by the company. The rate is subject to change at the company's sole discretion provided the driver has been notified of the change in advance.

BY SIGNING BELOW, I ACKNOWLEDGE THE FOLLOWING:

1. I HAVE READ AND FULLY UNDERSTAND ALL ASPECTS OF THE INTERIOR MAGIC AND DEALER INTEGRATED SERVICES COMPANY DRIVER POLICY.
2. I AGREE TO ABIDE BY THESE RULES AND POLICIES AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE LOSS OF COMPANY DRIVING PRIVILEGES AND/OR TERMINATION OF MY EMPLOYMENT.
3. I UNDERSTAND THAT THIS POLICY MAY BE CHANGED AT ANY TIME AT THE SOLE DISCRETION OF INTERIOR MAGIC AND DEALER INTEGRATED SERVICES.

4. ____ (INT.) IF I HAVE AN ACCIDENT, LOSE KEYS OR HAVE ANY OTHER INCIDENT THAT DAMAGES THE VEHICLE OR MAKES THE VEHICLE UNDRIVEABLE, I AGREE I AM AND WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF THE DAMAGES. I HEREBY AUTHORIZE AND AGREE THAT EQUAL AMOUNTS OF THE TOTAL SUM OWED WILL BE TAKEN OUT AS PAYMENTS UNTIL PAID OFF. IF A BALANCE REMAINS WHEN MY SERVICE CONTRACT IS COMPLETE, I AUTHORIZE THE BALANCE TO BE WITHHELD FROM MY FINAL PAYMENT. IF A BALANCE STILL REMAINS, I AGREE TO PAY IT OFF IN NO MORE THAN FOUR (4) INSTALLMENTS OVER THE SIXTY (60) DAYS FOLLOWING THE END OF THE CONTRACT. IF COLLECTION EFFORTS AND/OR SUIT IS REQUIRED TO COLLECT SUCH BALANCE, I AGREE THAT I WILL PAY ANY ATTORNEYS' FEES AND COSTS WHICH THE COMPANY MAY INCUR IN SUCH COLLECTION EFFORTS AND/OR SUIT.

Print Name: _____

Signature: _____

Date: _____

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver
Name of person or organization

☒ Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
2. Operations:

"All Texas Operations"
3. Premium
The premium charge for this endorsement shall be 2 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. Advance Premium
\$625

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The Information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
03/26/2013

Policy No
WCA4625437 10

Endorsement No.

Insured
Interior Magic of Texas Inc.
Insurance Company
Acadia Insurance Company

Premium

Countersigned by _____

Print Name _____

Date _____

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver
Name of person or organization

☒ Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
2. Operations:

"All Texas Operations"
3. Premium
The premium charge for this endorsement shall be 2 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. Advance Premium
\$625

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The Information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
03/26/2013

Policy No
WCA4625437 10

Endorsement No.

Insured
Interior Magic of Texas Inc.
Insurance Company
Acadia Insurance Company

Premium

Countersigned by _____

Print Name _____

Date _____

Sub-Contractor Compensation Agreement

I _____ on this day _____, agree to work as a Sub-Contractor or Sole Proprietor for Dealer Integrated Services and/or Interior Magic of Texas Inc (the company). I will be compensated by the hour for the work I provide at a flat rate of _____ per hour. I understand I am responsible for providing my own insurance and workmen compensation policy if required by the state. I understand the difference of being a Sub-Contractor and Employee and will be responsible for paying my taxes. The company will issue a 1099 by January 31st of the following year.

I understand and agree that my pay rate for the final pay period of my employment will be \$7.25 UNLESS I satisfy the following three conditions:

1. Give at least a minimum of a 2-week advance written and/or verbal notice of resignation to the Company or teammanager.
2. Return all Company property that has been issued to me no later than 3 days after my final day of work.
3. Give my supervisor any keys, passwords or other means of access control to enable the Company to access its property, including computer files that I used while employed no later than 3 days after my final day of work.

If I satisfy all three conditions, the pay rate for the final pay period will be my usual pay rate.

I understand and agree that I am responsible for submitting all missing hours prior to the following Monday in order to receive pay.

Print Name

Date

Signature

Date

ADVANCE CHARGEBACK AGREEMENT

I understand that for this first time Advance Agreement I will have to pay back the full amount in the next upcoming paycheck.

I further understand and agree that the acceptance of this agreement is authorization for a payroll deduction and shall in no way be construed as a contract for my continued employment. In the event of my termination of employment, whether voluntary or involuntary, prior to the total recovery amount, I authorize Interior Magic or Dealer Integrated to deduct the full remaining balance from my final paycheck. In the event my final paycheck is insufficient to repay the advance, I recognize my absolute and irrevocable obligation to fully repay any remaining balance to Interior Magic or Dealer Integrated.

Signature: _____ Date: _____

Printed Name: _____

Notes:

DOH: _____

Hours to Date: _____

Location: _____

Amount: _____

Approved By: _____

Team member Name (Print) _____

Dealership _____

Position _____

Estimated Cost

T-Shirts= \$15

Polos= \$25

Jackets= \$ 35

Company Uniform Agreement and Policy

I understand that I must wear the company uniform at all times. I have received:

Uniform	Size	Amount of Uniforms
T- Shirts		
Polos		
Jackets		

I authorize Dealer Integrated Services to deduct \$_____ from my paycheck. If any of the company uniform needs to be replaced I agree to purchase the uniform directly from Dealer Integrated Services. The price of the company uniform may change with or without notice if the company's cost increases or decreases.

Print Name

Date

*****Please sign below once you have received the merchandise:*****

Received Signature

Received Date

Notes:

Delivered By: _____