



## Independent Contractor Screening Questionnaire

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Email & Phone: \_\_\_\_\_

Business Type (circle)

Corporation

LLC

Sole Proprietorship

Tax ID Number: \_\_\_\_\_

URL: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of Clients: \_\_\_\_\_

Marketing Tools (circle)

Website

Print Ads

Phone Book Listing

Other (please specify)

\_\_\_\_\_

Type of Insurance (circle)

General Liability

Auto

Professional Liability

Worker's Comp

Other (please specify) \_\_\_\_\_

Office Space (circle)

Leased

Home Office

Other (please specify)

\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please sign and return to Crew Connection.