

# EXPENSE REPORT

## SAMPLE INVOICE

(Your Company Name Here)

Invoice No. \_\_\_\_\_

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### INVOICE

#### Customer

Name Embedded Resource Group, Inc - Attn: Accts Payable  
Address 3031 Tisch Way Suite 701  
City San Jose State CA ZIP 95128  
Phone 408 260-2600

Date:

WE	Description	TOTAL
10-24-20XX	Please refer to attached Expense Report	
		\$0.00

#### Make Check Payable To

Your Company Name Here  
Address  
Phone number  
Tax ID# 123-45-6789

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

<b>Social security number</b>
+

or

<b>Employer identification number</b>
+

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

**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 on page 4.)

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



PRODUCER Phone: 408-227-9991 Fax: 408-227-8505  
**GARLAND-STURGES & QUIRK INSURANCE SERVICES, INC.**  
**6085 SNELL AVENUE**  
**SAN JOSE CA 95123**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURED  
**INSURED'S NAME AND ADDRESS**

INSURER A: **INSURANCE CARRIER'S NAME**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	<b>VOID</b>			EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ <b>1,000</b>
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ <b>2,000,000</b>
	<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				PRODUCTS-COMP/OP AGG.	\$ <b>Not Included</b>
A		<b>AUTOMOBILE LIABILITY</b>	<b>VOID</b>			COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/>	HIRED AUTOS						
<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/>		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
<input type="checkbox"/>						AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
<input type="checkbox"/>		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$
<input type="checkbox"/>							\$
<input type="checkbox"/>		DEDUCTIBLE					\$
<input type="checkbox"/>		RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
A		<b>OTHER: BUSINESS PERSONAL PROPERTY</b>	<b>VOID</b>			<b>\$10,000 - SPECIAL FORM, REPLACEMENT COST, \$500 DEDUCTIBLE SUBJECT TO POLICY EXCLUSIONS</b>	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER**

**CANCELLATION**

\*\*\*\*SAMPLE\*\*\*\*

**FOR INFORMATIONAL PURPOSES ONLY**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT; BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Thomas R. Quirk*  
Thomas R. Quirk

Attention:

# TIME SLIP

# Embedded Resource Group, Inc.

CONTRACTOR \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

CLIENT \_\_\_\_\_

							WEEKLY TOTAL	
M	T	W	TH	F	S	S	HOURS	

T  
O  
T  
A  
L

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
CUSTOMER APPROVAL

**Exhibit "A" to**  
**Independent Contractor Agreement #xxxxxxx**

**EXEMPTION FROM AUTOMOBILE INSURANCE FOR, OWNED,**  
**NON-OWNED AND HIRED VEHICLES**

Contractor and Buyer mutually agree that Buyer will waive the requirement for Contractor Provided Automobile Insurance subject to the following:

- 1. Contractor agrees that Contractor will not use Contractor's personal vehicle while performing work under this Agreement.***
2. Contractor may utilize a personal vehicle for driving from Contractor's home to Client's site and park in Client's visitor's parking lot provided Contractor carries personal car insurance to meet minimum lawful requirements.
3. Contractor shall indemnify Buyer and Client from and against any and all claims brought against Buyer or Client due to circumstances arising from Contractor's utilizing Contractor's personal automobile for any reason.

**Consulting Company**

\_\_\_\_\_

Date \_\_\_\_\_



***Garland-Sturges & Quirk***  
***Contract Computer Consultant***  
***Insurance Program***

**PROGRAM HIGHLIGHTS**

\$1,000,000 Premises & Operations Liability (Excluding Products and Professional)

\$1,000,000 Non-Owned & Hired Auto Liability

\$ 10,000 Business Personal Property (\$500 Deductible)

Annual premium is due prior to binding coverage. Coverage may begin the same day in most cases.

**Certificate of Insurance provided to any company that you hold a contract.**

**SEND NOW TO REQUEST A QUOTE**

Effective Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Type: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Location of Office (if different): \_\_\_\_\_

\_\_\_\_\_

Consulting Type: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

\* Bldg. Age of Office Location: \_\_\_\_\_ Type of Alarm (if any): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Construction: \_\_\_\_\_

Prior Insurance Carrier: \_\_\_\_\_ Claims: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Certificate Required For: \_\_\_\_\_

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

Contact & FAX: \_\_\_\_\_

\* If building over 30 years please provide years of update for:

Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Send this form **NOW** and we will confirm by phone or fax within one working day.

Website: GSQ.com

Fax # (408) 227-8505

License #0716380

***Garland-Sturges & Quirk***  
***Insurance Services Inc.***  
*6085 Snell Avenue,*  
*San Jose, CA. 95123*

# *Consultant Questionnaire*

## ***Business Information In Detail:***

- 1) Describe the types of services provided for your clients? ***Please be very specific.***  
Please attach current resume and/or any brochures.
  
- 2) What types of clients are served?
  
- 3) Are there written contracts spelling out the scope of services rendered to clients? \_\_\_\_\_ If so, may we have a copy? \_\_\_\_\_
  
- 4) Do you develop Custom Software? \_\_\_\_\_ If yes, please provide a product overview.
  
- 5) Do you customize/tailor pre-packaged software? \_\_\_\_\_ If yes, please explain.
  
- 6) Do you do any network security?

All of the above would be written excluding products/completed operations, professional liability, Errors & Omissions, software and all other related exposures.

## ***Current Information:***

- 1) Total number of employees: \_\_\_\_\_ Full/Time \_\_\_\_\_ Part/Time \_\_\_\_\_

## ***Prior Experience:***

- 1) Years experience in the industry: \_\_\_\_\_
- 2) Years of management experience: \_\_\_\_\_
- 3) Any previously owned business? \_\_\_\_\_ If yes, please describe:
  
- 4) Any bankruptcy filings (chapter 7, 11)? \_\_\_\_\_ If so, explain:

\*\*\*\*\***(This section to be completed by Garland-Sturges & Quirk)**\*\*\*\*\*

If insured has been in business but with no prior coverage, please explain:

Do you have personal knowledge of this applicant? \_\_\_\_\_ If yes, please describe relationship:

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Products Liability Exclusion Agreement***

- 1) We understand that any claims arising from our products (or alleged to arise from our products) are NOT COVERED BY THE POLICY we have ordered through Garland-Sturges & Quirk.
- 2) We further understand that the exclusion of products liability coverage also means the exclusion of any legal costs, which might be necessary to defend us against such claims, regardless of merit.
- 3) Garland-Sturges & Quirk has further advised us that our contractual liability COVERAGES are limited. If we contractually agree to assume any liability for our products we assume this personally as it is not insured by the policy we have ordered.
- 4) We acknowledge that this exclusion of products liability coverage applies to all future policies, including any renewal policies or policies that might be placed with other companies in the future.

We have read this agreement and acknowledge these limitations.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
by (print name here)

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

**Note: Please sign and return this form to our office. Fax #: (408) 227-8505.  
Please call with any questions at (408)227-9991 or 1-800-884-9991**

## *Other Insurance Options*

**Our office can provide you and your family coverage for most types of insurance; we are able to give you excellent rates and many options.**

**If you are interested in learning more, please check all the item of interest and we will provide you a quote!**

- Worker's Comp
- Medical Insurance: Group Insurance or Individual coverage
- Professional Insurance (E & O Coverage)
- Dental Plans
- Vision Plans
- Life Insurance
- Disability Insurance
- Retirement Savings Plans
- Homeowners
- Individual Umbrella Policy
- Auto
- Earthquake
- Flood Insurance

**If you requested information on any of the following areas of interest, we will contact you shortly. You may also give us a call if you have any other questions, if you live in San Jose our local number is 408-227-9996, or you may call us toll free at 877-249-9998.**

## E-Mail Timecard Process

**Electronic Timecards are due no later than 12:00pm on Monday**

The following are the procedures all independent contractors should follow when emailing their weekly time:

1. Please email the hours worked to your manager for approval
2. Once you have obtained the approval for your timecard, please forward the email to [doan@erginc.com](mailto:doan@erginc.com)
3. You will receive a confirmation of receipt once the timecard has been reviewed

The following are some additional guidelines that will ensure the proper collection of weekly time:

- Independent contractors should only forward **approved** email timecard to [doan@erginc.com](mailto:doan@erginc.com)
- [doan@erginc.com](mailto:doan@erginc.com) should **not** be copied on the email containing the contract employee's initial time submission to their manager as this causes confusion and an unnecessary backlog of email.
- All email time must be submitted by 12:00pm the following Monday of the week worked.

Below please find an example of the information that should be included in an independent contractor's time email to their manager:

\*\* Please note that timecards should be included in the body of the email and not as an attachment.

To: [Manager]

Subject: [Independent Contractor Name and Week Ending Date]

Employee: [Independent Contractor Name]

Mon 8/16: 7.25

Tue 8/17: 7.25

Wed 8/18: 7.00

Thu 8/19: 6.5

Fri 8/20: ---

=====

Total: 28.00

Thanks,

[Independent Contractor's Name]

Please forward this email to [doan@erginc.com](mailto:doan@erginc.com) once the timecard has been approved.

# SAMPLE INVOICE

(Your Company Name Here)

Invoice No. \_\_\_\_\_

## INVOICE

### Customer

Name Embedded Resource Group, Inc - Attn: Accts Payable  
Address 3031 Tisch Way Suite 701  
City San Jose State CA ZIP 95128  
Phone 408 260-2600

10-24-20XX

Hours	Description	Rate	TOTAL
40	October 7 - 11	\$50.00	\$2,000.00
40	October 14 - 18	\$50.00	\$2,000.00
40	October 21 - 25	\$50.00	\$2,000.00
Total hours = 120			
<b>TOTAL</b>			<b>\$6,000.00</b>

### Make Check Payable To

Your Company Name Here  
Address  
Phone number  
Tax ID# 123-45-6789



**PURPOSE OF TRAVEL**

DAY	DATE	
SUN.		
MON.		
TUE.		
WED.		
THU.		
FRI.		
SAT.		
SUN.		

**REMARKS**

DAY	DATE	
SUN.		
MON.		
TUE.		
WED.		
THU.		
FRI.		
SAT.		
SUN.		

**MISCELLANEOUS ITEMS-DESCRIPTION**

DAY	DATE	
SUN.		
MON.		
TUE.		
WED.		
THU.		