



PLEASE SELECT YOUR PRIMARY 1099 POSITION CHOICE ONLY

☐ Field Adjuster ☐ Desk Adjuster ☐ Appraiser ☐ QA Examiner ☐ Admin ☐ CSR

☐ Daily ☐ CAT ☐ Daily/CAT

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell No.: _____ Email: _____ Date of Birth: _____

Bilingual: _____ Languages Spoken: _____ Gender: _____

PLEASE INCLUDE copies of the following:

- ☐ Adjuster's License (home state)
- ☐ Bank Account Verification Information
- ☐ Field Adjusters include:
 - ☐ Valid Driver's License Headshot
 - ☐ Photo (white background)
 - ☐ Proof of Auto Insurance

Do you have any of these special designated adjuster licenses?

- ☐ GA
- ☐ CGA
- ☐ ECA
- ☐ NFIP Flood Appraiser

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____ Secondary Phone: _____ Email: _____

Name: _____ Relationship: _____
Phone: _____ Secondary Phone: _____ Email: _____

I have voluntarily provided the above contact information and authorize Evolv Claim Solutions and its representatives to contact any of the above on my behalf in the event of an emergency.

PO Box 13239
Tallahassee, FL 32317
onboarding@evolvclaims.com; 844.210.8614

ADJUSTER LICENSING WORKSHEET

Home State:	
Expiration Date:	
License No.:	
FCN:	
NPN:	

XactNet:	
Xactimate Version:	
Xactimate Address:	
Symbility:	
Symbility ID:	

<u>STATE</u>	<u>LICENSE NO.</u>	<u>EXPIRATION</u>
AL		
AK		
AR		
AZ		
CA		
CT		
DE		
FL		
GA		
HI		
ID		
IN		
KY		
LA		
MA		
ME		
MI		
MN		
MS		
MT		
NC		
NH		
NM		
NV		
NY		

<u>STATE</u>	<u>LICENSE NO.</u>	<u>EXPIRATION</u>
OK		
OR		
RI		
SC		
TX		
UT		
VT		
WA		
WV		
WY		

Residential Experience - Yrs:	
Commercial Experience - Yrs:	
Inside, QA Examiner Experience - Yrs:	
Appraisals Experience - Yrs:	
Large Loss Experience - Yrs:	
High Value Experience - Yrs:	
Complex Claims Experience - Yrs:	
Litigation Experience - Yrs:	
Flood Experience - Yrs:	
Inland Marine Experience - Yrs:	
Farm/AG Experience - Yrs:	
Home Inspections Experience - Yrs:	
Virtual Adjusting/Fast Path Experience - Yrs:	

International Licenses:

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. <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>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) Evolv Claim Solutions, LLC 6265 Old Water Oak Rd, Unit 204 Tallahassee, FL 32312
	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:

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. 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.

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 ►
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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.

Vendor ACH Authorization Form

I, _____ authorize **Evolv Claim Solutions, LLC** to electronically pay all Vendor Invoice payments to the below noted Bank Account. This authorization will remain in effect until such time I modify or cancel in writing.

ACTION:

New ACH (1st time)

Update banking information

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: (____) _____

BANK NAME: _____

ACCOUNT TYPE: () Savings () Checking (please check one)

ACCOUNT NUMBER: _____ (1-17 digits)

9-DIGIT ROUTING NUMBER: _____

AUTHORIZED AGENT:

DATE: ____/____/____

SIGNATURE:

--

Evolv Background Check Policy

Background Checks

Evolv Claim Solutions, LLC (“Evolv” or the “Company”) requires applicants to satisfactorily complete a background check. Evolv will consider the duties for which you have been engaged, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained as a result of a background check will be used solely for purposes of your engagement with the Company.

As part of your background check, the Company and/or its affiliates may request an investigative consumer report on you. An investigative consumer report is a type of consumer report that involves personal interviews conducted for the Company by a consumer reporting agency (CRA), commonly with an individual’s prior employers or references. The investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living. You have the right to request more information about the nature and scope of any investigative consumer report obtained on you by contacting the Company.

If Evolv uses a consumer reporting agency to obtain background check information or make an employment decision based on that information, the Company will comply with relevant requirements under the federal Fair Credit and Reporting Act (FCRA). The FCRA gives you specific rights in dealing with CRAs. You will find these rights summarized in a separate document titled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Authorization

When a background check is required, you must complete Evolv's authorization form. Failure to timely complete an authorization may result in termination of Evolv's consideration of your application. Falsification or omission of information may result in denial of engagement with you as an independent contractor for the Company or discipline, up to and including termination.

Confidentiality

All background check information will be kept confidential. Evolv complies with all applicable federal, state, and local laws regarding background checks.

Acknowledgment of Receipt and Review

I, _____ (contractor name), acknowledge that on _____ (date), I received a copy of Evolv’s Background Check Policy and that I read it, understood it, and agree to comply with it. I understand that the Company has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time with or without notice. I understand that neither this policy nor any other

communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment.

Signature

Date

Printed Name

Evolv Background Check Authorization Form

As part of your consideration to become an independent contractor of the Company, you must provide your background screening consent. We recommend reviewing your information, such as Social Security Number (SSN) and Driver's License before submitting your consent.

Thank you for your cooperation.

Authorization:

I instruct and authorize Evolv Claims Solutions, LLC (the "Company") and/or its affiliates to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

I understand that the Company and/or its affiliates will select a consumer reporting agency (CRA) that will conduct the background check and prepare the background check report for the Company.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any **consumer credit reports*** (1) during my engagement as an independent contractor, and (2) from any CRA other than that selected to conduct the initial background check without asking for my additional authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to the selected CRA and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: **credit history***; public records; Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

***I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: ☐

Please print and sign your legal name below:

Signature

Date

Printed Name

Background Check Information:

First Name

Middle Name

Last Name

Suffix

Nicknames/Other Names Used: _____

Email Address: _____

Current Mailing Address: _____

City

State

Zip Code

Prior Mailing Address: _____

City

State

Zip Code

From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

[FOR IDENTIFICATION PURPOSES ONLY]

Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____

Driver's License Number: _____

State Issuing License: _____

Attestation:

I, _____ (contractor), attest that all information provided for purposes of this background check are factual and true to the best of my knowledge.

Signature

Date

Printed Name

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report; • you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance; or
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or

bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5- OPTOUT (1-888-567-8688)

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.