# VITAL SHOW SOLUTIONS

## CONTRACTOR ONBOARDING — START HERE

Fill the box below once. The other forms only need your name, signature, and date.

### YOUR INFORMATION — complete this once

| | | | |
|---|---|---|---|
| **Legal name** | | | |
| **DBA / trade name** | | **Entity type** | |
| **Mailing address** | | | |
| **City, state, ZIP** | | | |
| **Email** | | **Phone** | |
| **State of residence** | | **States you expect to work** | |
| **Last 4 of TIN / SSN** | | **Date returned** | |
| **Workers' comp track** | ☐ Track 1 — I carry my own workers' compensation coverage<br>☐ Track 2 — I need VSS-provided coverage<br>☐ Not sure — please explain the difference to me | | |

### WHAT TO SEND — items 1–5 apply to everyone

| | |
|---|---|
| ☐ | **1.** Signed VSS Independent Contractor Agreement |
| ☐ | **2.** Signed Workers' Compensation Status Designation — records your Track 1 or Track 2 election |
| ☐ | **3.** Completed IRS Form W-9 — irs.gov/pub/irs-pdf/fw9.pdf |
| ☐ | **4.** Signed Billing Policies Acknowledgment |
| ☐ | **5.** Completed ACH Authorization Form, with a voided check or bank letter |
| ☐ | **6.** Certificate of Insurance — Track 1, and anyone whose client or venue requires liability or auto coverage |
| ☐ | **7.** Signed Texas Form DWC-081 — Track 2, for Texas work. VSS supplies this form. |
| ☐ | **8.** Copy of any license, certification, or credential the role requires |

**Send everything to hello@vital-av.com**. Scans or photos are fine; put your legal name in the subject line. The name on your W-9, invoices, and ACH form must match exactly — mismatches are the top cause of payment delay.

**Two things to know before you start.**

**1. Workers' compensation.** If you carry your own coverage (Track 1), VSS never charges you anything for workers' compensation — no fee, no percentage, no administrative charge. If VSS covers you (Track 2), VSS may deduct actual premium on Texas work only, and never on work outside Texas. Your Designation form records which track you are and explains both in full.

**2. Put the state on every invoice line.** The state where you worked determines which workers' compensation rules apply. An invoice that does not identify the state cannot be processed.

**VSS will never email or text you asking you to change your payment instructions.** If you get a message like that, call 817.291.3571 before you act on it. Details are on the ACH form.

### RECEIPT — sign to confirm you received this packet

By signing, I confirm I received this packet, the Independent Contractor Agreement, the Workers' Compensation Status Designation, and the Billing Policies, and that I had the opportunity to ask questions and seek my own legal or tax advice. Signing this does not create an agreement or an assignment.

| | | | | | |
|---|---|---|---|---|---|
| **Signature** | | **Printed name** | | **Date** | |