



Thank you for your interest in a career with Pacesetter Claims Service, Inc.

Applications for adjusters are accepted and placed on our active roster for temporary assignment as Pacesetter deems necessary. Completion of this application authorizes Pacesetter to contact applicant for possible assignment if, according to Pacesetter, the need arises. If contacted and dispatched to a particular storm location, employment is considered temporary for that specific location only. When the assignment ends, for any reason, that particular temporary employment ends. Applicant then becomes eligible for recall at a future date.

Enclosed is Pacesetter's employment packet. Please fill it out and return the **originals** to the address provided below.

There are a couple mistakes that people often make:

1. Only fill out the Section 1 of the I-9 and send two forms of identification.
2. In order to direct deposit, please include a copy of a voided check.
3. Include a copy of your vehicle insurance verification.
4. Double check to make sure you have signed and dated everything.

Please let me know if you have any questions or concerns. After we receive the complete packet with the original documents, we will add you to our adjuster roster. At that point, your information is sent to our Adjuster Relations Dept. for consideration and possible dispatch. We will contact you if additional information is needed or as soon as something becomes available.

Thank you,

Annie Hazzard  
**Human Resources Director**  
[Pacesetter Claims Service, Inc.](#)  
(918)665-8887 x 1208  
(918)388-1000 fax  
[ahazzard@pacesetterclaims.com](mailto:ahazzard@pacesetterclaims.com)



### New Employment Check List:

- Employment Application - *Be sure to put an emergency contact down.*
- Inappropriate Behavior Policy - *Must be signed*
- W-4 - *If you plan to claim more than "9" dependants you will have to have something from the IRS stating that it is approved.*
- Direct Deposit Form - *If there is not a copy or an actual voided check included then we will mail your checks to you until we receive one. (Note: if you are using a savings account you have to have your bank fax us a letter stating the account number and routing number.)*
- I-9 Form - *Please only fill out section one, **DO NOT** fill out anything else as it is for office use only.*
- Cost Recovery for Background Check - *Must be signed*
- Background Release Pace Temp Service - *Must be completely filled out*
- LMAM Non-Disclosure & Violent Crime Control Act Forms - *Must be completed and signed*
- Driver Safety Policy - *Please read then sign and return Appendix "A"*
- Copy of Drivers License & a second form of ID - *We must have two forms of ID in order to complete your paperwork!*
- Copy of your Auto Liability Insurance - *Please note the expiration date as we will need a current copy at all times.*

# Pacesetter Temporary Services

P.O. Box 2130 Catoosa, OK 74015  
Phone: 918-665-8887 Fax: 918-388-1000  
[www.pacesetterclaims.com](http://www.pacesetterclaims.com)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone # \_\_\_\_\_

Cell phone# \_\_\_\_\_ Email: \_\_\_\_\_

Pager # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Emergency # \_\_\_\_\_ State of Driver's Lic. \_\_\_\_\_

<u>Positions Qualified for:</u>	<input type="checkbox"/> General Adjuster	<input type="checkbox"/> Commercial Adjuster
(Check appropriate boxes)	<input type="checkbox"/> Property Adjuster	<input type="checkbox"/> Farm & Ranch Adjuster
	<input type="checkbox"/> Large Loss Adjuster	<input type="checkbox"/> Auto Adjuster
	<input type="checkbox"/> Flood Adjuster	<input type="checkbox"/> Daily Adjuster

Adjusting Experience: Years \_\_\_\_\_ Months \_\_\_\_\_

Flood Certified?  Yes  No NFIP# \_\_\_\_\_

Are you bilingual?  Yes  No If yes, what language? \_\_\_\_\_

Are you willing to submit information for a background check upon request?  Yes  No

Are you proficient in any of the following Estimating Programs?

MSB Integra (DDS)  Xactimate Other: \_\_\_\_\_  
Xactnet Address: \_\_\_\_\_

### Number of Claims Handled in the last 3 years:

	<u>Residential</u>	<u>Commercial</u>	<u>Farm &amp; Ranch</u>	<u>Auto</u>
Wind / Hail	_____	_____	_____	_____
Tornado	_____	_____	_____	_____
Sewer Backup	_____	_____	_____	_____
Flood	_____	_____	_____	_____
Winter / Ice	_____	_____	_____	_____

### Adjusting Licenses:

Licenses Number _____	State _____	Expires _____
Licenses Number _____	State _____	Expires _____
Licenses Number _____	State _____	Expires _____
Licenses Number _____	State _____	Expires _____

*List all Certifications and Training such as State Farm, Farmers, Pacesetter Tech, Vale National, Florida Wind Pool, etc.*

Date _____	American Family Property Certified	ID# _____	Basic or General?
Date _____	American Family Property Autol Certified	ID# _____	Basic or General?
Date _____	Farmers Property Certification	Crid# _____	
Date _____	Farmers Auto Certification	Crid# _____	
Date _____	Class or Certification	_____	
Date _____	Class or Certification	_____	
Date _____	Class or Certification	_____	
Date _____	Class or Certification	_____	

*Previous Employment – List the independent adjusting companies you have worked for, beginning with the most recent.*

_____	Supervisor & Phone _____
_____	Supervisor & Phone _____
_____	Supervisor & Phone _____
_____	Supervisor & Phone _____
_____	Supervisor & Phone _____

References

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____



## INAPPROPRIATE BEHAVIOR POLICY

Inappropriate behavior in any form is illegal, strictly against company policy and will result in sever disciplinary action, up to and including discharge. Inappropriate behavior includes unwelcome sexual advances in verbal, non-verbal, visual or physical form committed by employer, customers or venders. Actions are considered inappropriate if they interfere with an employee's performance on the job or create a hostile, offensive work environment.

If an employee believes that he/she has been the victim of inappropriate behavior, or is aware of an employee who has been victimized, a report should be made to management. In the case of Pacesetter Claims Service employees that notification should be made to their immediate local supervisor/ manager or to the Home Office. Temporary and full time employees of the Catastrophe Division should report to their on site Pacesetter management personnel or a member of Senior Management. Those Senior Management personnel can be reached as follows:

1. Kyle Engel, V.P. Adjuster Relations & General Counsel, cell phone 918-809-1463, office 918-665-8887 x. 1228
2. Annie Hazzard, Human Resources Director, cell phone 918-521-5855, office 918-665-8887 x. 1208

Any and all complaints are taken seriously by company management and will be investigated thoroughly and immediately. A member of management will question all employees who may have knowledge of the incident in question or similar problems. Both the complaint and the investigation will be thoroughly documented. Confidentiality will be maintained to the extent possible. Only those who need to know about the complaint will be advised of its existence. No employee will be subject to any form of retaliation or discipline for pursuing an inappropriate behavior complaint.

**I have read and understand the above-mentioned Pacesetter Claims Service, Inc. policy.**

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Employee's Signature

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Date

2871 N Hwy 167  
Catoosa, Ok. 74015  
888.218.4880  
918-388-1000 Fax  
Website: [www.pacesetterclaims.com](http://www.pacesetterclaims.com)

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2012</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.

**This section should be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. Deposit slips can NOT be used.**

Print name of Financial Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Financial Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Deposit to the following CHECKING account(s). A voided check is attached \_\_\_\_\_

**If a voided check is NOT attached, then this section should be completed by your financial institution.**

Deposit net pay to:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 69)

Deposit fixed amount \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 59)

Deposit fixed amount \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 67)

Direct Deposit to the following SAVINGS account(s).

**This section should be completed by your financial institution. Deposit slips can NOT be used.**

Deposit net pay to:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 70)

Deposit fixed amount \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 60)

Deposit fixed amount \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

New     Change     Stop  
(Deduction 68)

To be completed by the Agency Payroll Section: **Your direct deposit will start on** \_\_\_/\_\_\_/\_\_\_ **payday.**

CIPPS Updated by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Reviewed by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen Nationals of the United States**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Pacesetter Temporary Services, 2871 N. Hwy 167, Catoosa, OK 74015		

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



**Background Check Cost Recovery Form**

Last Name:	M.I.:	First Name:	Pref. Name:
Mailing Address:	City:	State:	Zip Code:

In order to work for Pacesetter Temporary Services all adjusters, file reviewers, and desk adjusters are required to receive a background check. The background check is required upon first deployment and American Family Certification. Background checks are valid for a period of three (3) years.

**Effective 5/25/2010 a check or credit card payment for \$60 will be required in order to run the background check. Please complete "Method of Payment" below.**

*Applicants do not need to complete the section below until your first deployment.*

*Setting the Pace in the Insurance Industry!*

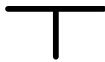
Method of Payment: <i>(please check only one)</i>  Check  Credit Card  Debit Card  Cash	Credit/Debit Card Number: _____  Type of Card: _____  Exp. Date: _____  Card Holders Signature: _____  Billing Zip Code: _____  Total Amount: _____
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*New regulations prohibit Pacesetter from accepting payments made without a valid signature from the cardholder or the cardholder's spouse.*

*Be sure you fill out all of the information requested completely.  
Thank you.*

2511N Hwy 167  
Catoosa, OK 74015

Phone: 918 665 8887  
Fax: 918 665 6868  
www.pacesetterclaims.com



**Consent to Request Consumer Report & Investigative Consumer Report Information**

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Applicant's First Name or Initial

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Last Name

I understand that [Insert Company Name] ("COMPANY") will use **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (877) 424-2457** to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, COMPANY may obtain further Reports from STERLING so as to update, renew or extend my employment.

I understand **Sterling InfoSystems Inc.'s** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: **(Employer Use Only)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Education Verification             | <input type="checkbox"/> Sex Offender Search                         |
| <input type="checkbox"/> SSN Trace                 | <input type="checkbox"/> Employment Verification            | <input type="checkbox"/> OFAC/Terrorist Watch List                   |
| <input type="checkbox"/> Motor Vehicle Report      | <input type="checkbox"/> Personal Reference                 | <input type="checkbox"/> Fraud & Abuse Control Info System (FACIS®)  |
| <input type="checkbox"/> Consumer Credit Report    | <input type="checkbox"/> Professional License/Certification | <input type="checkbox"/> Office of Inspector General Sanctions (OIG) |
| <input type="checkbox"/> Other Please List:        |   |  |

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 249 W 17<sup>th</sup> St. 6<sup>th</sup> Floor, New York, NY 10011 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 | or | 629 Cedar Creek Grade, Winchester, VA 22601 | 866-266-3444

**California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

**California, Connecticut, Maryland, Oregon and Washington State Applicants Only (AS APPLICABLE):** I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California and Connecticut only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Connecticut, Maryland, Oregon and Washington only); (v) I am seeking employment as a covered police, officer, peace officer or other law enforcement position (California and Oregon only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union), (vi) the COMPANY

PRINT CHARACTERS LIKE THIS  
**ABCDE 98765**CORRECT INCORRECT  
   

reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only), (vii) I am seeking a position with the state Department of Justice (California only), (viii) I am seeking a position as an exempt managerial employee (California only), or (viii)) I am seeking employment in a position that involves regular access to personal information of others (i.e., bank or credit card account information, social security numbers, dates of birth), other than regular solicitation of credit card applications at a retail establishment, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

**Bona fide reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California the COMPANY'S basis for the credit check.**

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**NY Applicants Only:** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website - <http://sterlinginfosystems.com/privacy> - to view STERLING'S privacy practices, including information with respect to STERLING'S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

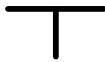
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Signature:

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Today's Date:





Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

### 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 the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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).

- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture

## Non-Disclosure Agreement

This Non-Disclosure Agreement ("Agreement") is entered into by and between Pacesetter Claims or Pacesetter Temporary Services ("Company") and \_\_\_\_\_ ("Employee"), and is effective on the date that its execution is completed (the "Effective Date"). In consideration for the hiring and employment by Company of Employee and the undertakings hereunder set forth, the parties hereto agree as follows:

1. All references in this Agreement to Company are intended to include Company, its parent companies, subsidiaries, divisions and affiliates.

2. Company is engaged in the business of providing supplemental insurance adjuster staffing to other businesses. Employee is seeking an assignment to provide services on Company's behalf to Liberty Mutual Insurance Company and its affiliates ("Liberty"), one of Company's clients.

3. During Employee's assignment, Employee may be given access to a wide range of proprietary and/or confidential information ("Confidential Information") regarding Liberty, its customers, policyholders and/or claimants, including but not limited to information and/or documents concerning: (a) Liberty's financial affairs, strategic direction, and business plans, policies and methods; (b) Liberty's marketing, claims, sales and underwriting strategy and decision-making processes; (c) Liberty's pricing and profit information; (d) lists of Liberty's actual or potential customers; (e) proprietary and/or confidential intellectual property, business, personal and/or medical information belonging to Liberty and/or Liberty's employees, policyholders, customers, insureds and/or claimants; (f) non-public personally identifiable financial or medical information regarding Liberty's employees, policyholders, customers, insureds and/or claimants; (g) intellectual property of third parties licensed to Liberty; (h) Liberty's systems, inventions, designs, tools, equipment, and unpublished written materials, or (i) other private or confidential matters or information obtained by Employee in the performance of his or her assignment(s), which is not publicly disclosed by Liberty. Employee agrees to hold all such Confidential Information in the strictest confidence and agrees not to disclose or reveal the same to any to any third parties, except as necessary to perform services for Liberty in connection with his or her assignment(s) to Liberty. Further, Employee agrees that: (1) all such Confidential Information, including documents, transparencies, computer software, electronic information or copies thereof, is and shall remain the property of Liberty, (2) he or she shall not make or retain any copies of such Confidential Information, and (3) upon termination or expiration of Employee's assignment to Liberty or upon demand by Liberty, all such Confidential Information shall be returned to Liberty. The foregoing provisions of this Paragraph 4 shall be in effect during and after such assignment, shall be for the benefit of Liberty, and Liberty shall have all rights and remedies to enforce this provision.

4. During and after Employee's assignment, Employee agrees that he or she shall not make any false, defamatory or disparaging statements about Liberty.

5. Employee acknowledges and agrees he or she is an employee of Company and is not an employee of Liberty.

6. No term or provision of this Agreement may be changed, waived, or terminated orally, but only by a written instrument signed by the party against whom the enforcement of such change, waiver or termination is sought.

7. In the event any provision herein shall be judged illegal, void or unenforceable, the balance of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ [Employee]

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Exhibit C**

**FEDERAL VIOLENT CRIME CONTROL ACT AND LAW ENFORCEMENT FORM**

The Federal Violent Crime Control Act and Law Enforcement Act of 1994 bars from employment in the insurance industry any individual who has been convicted of a felony involving dishonesty or breach of trust, unless the individual has received from an authorized insurance regulator written consent to be so employed and which specifically references that act. In general, crimes of dishonesty or breach of trust include those such as perjury, false statement, criminal fraud, embezzlement, forgery, false pretenses, theft-related crimes, including larceny or burglary, and other crimes which involve some element of deceit, untruthfulness, or falsification.

Please answer the following questions:

1. Have you ever been convicted of a felony involving dishonesty or a breach of trust?

\_\_\_\_\_ YES                      \_\_\_\_\_NO

2. Have you ever been convicted of a federal crime relating to insurance fraud?

\_\_\_\_\_ YES                      \_\_\_\_\_NO

3. If you answered "Yes" to either of the above questions, subsequent to your conviction have you received written consent from an authorized insurance regulator that you may be employed in the insurance industry?

\_\_\_\_\_ YES                      \_\_\_\_\_NO

4. If you answered "Yes" to question 3, please attach a copy of the written consent to this form.

**I hereby affirm under the pains and penalties of perjury that my answers to the foregoing questions are true and correct. I understand that any misrepresentation or omission in my answers shall result in the termination of my services to Liberty.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Individual should return this form to Pacesetter Claims Service, Inc. The Company should retain a copy of this form in accordance with Company's agreement with Liberty.

# Vehicle Safety Policy

Prepared by: Dale J. Brassfield – President/COO

Pacesetter Claims Service, Inc.

Location: Home & Branch Offices

Effective Date: August 1, 2009

Revision Number: 2

Our Company recognizes that our employees are our most valuable asset, and the most important contributors to our continued growth and success. Our Company is firmly committed to the safety of our employees. The Company will do everything possible to prevent workplace accidents and is committed to providing a **safe** working environment for **all employees**.

Traffic related motor vehicle accidents are the leading cause of work-related fatalities. The environment in which these accidents occur involves numerous complex factors of which the majority is uncontrollable. The purpose of Pacesetter Claims Service, Inc's Vehicle Safety program is to provide the means to reduce such factors to eliminate unnecessary injuries and fatal circumstances. We value our employees not only as employees but also as human beings crucial to the success of their family, the local community and Pacesetter Claims Service, Inc.

To further this goal, our Company has developed a Vehicle Safety Policy effective August 1, 2009. The Program will consist of six components: Recruitment, Job Requirements, Preventative Maintenance, and Accident Investigation. This policy applies to all candidates for employment as well as all current employees.

## Recruitment:

Pacesetter Claims Service, Inc. focuses its initial efforts on driver selection through a variety of resources, the first being the job application. The application packet includes a background check to include a motor vehicle report (MVR).

New Hire selection will be made upon completion of a formal interview and background check to include contacting references and review of the MVR.

MVRs will be requested upon completion of a satisfactory interview and periodically thereafter at a minimum of at least once per 3-years. Management reserves the right to use its discretion in determining an unsatisfactory MVR. As a guideline, 3 violations in the past three years will be grounds for an unsatisfactory MVR prohibiting hiring of a prospective employee or possible termination and/or disciplinary actions of an active employee.

## Drug/Alcohol Testing:

Initial and periodic random drug and alcohol testing will be conducted if required by client. Testing will be conducted by a licensed medical facility designated by PCS, Inc. Any positive results will be grounds for termination. Driving under the influence of alcohol or any other illegal substances will be grounds for termination.

## Job Requirements:

All positions that require a current or prospective employee to drive to and from a work site require a written job description to include main duties, functions and the necessary physical requirements required to perform all associated tasks. As part of the recruitment process, prospective employees may be required to complete a satisfactory road test.

**Procedures:**

All employees are expected to wear seat belts at all times while in a moving vehicle being used for company business, whether they are the driver or a passenger.

The use of handheld cell phones/or laptop computers whether personal or business-owned, while behind the wheel of a moving vehicle being used on company business is strictly prohibited. Although the use of cell phones under any circumstances is strongly discouraged while driving, the use of hands-free technology may be warranted in unusual or emergency circumstances.

Engaging in other distracting activities including, but not limited to, eating, putting on makeup, reading or changing radio stations or music, is also strongly discouraged while driving, even when in slow-moving traffic.

All employees are expected to follow all driving laws and safety rules such as adherence to posted speed limits and directional signs, use of turn signals and avoidance of confrontational or offensive behavior while driving.

Employees should never allow anyone to ride in any part of the vehicle not specifically intended for passenger use and/or any seat that does not include a working seat belt.

Failure to adhere to these procedures may result in disciplinary action per company policy.

**Preventative Maintenance:**

To retain the safety and integrity of the vehicle, motor vehicle maintenance should be done to ensure all vehicles are operating at their best. Employees should conduct pre-trip vehicle inspections. An Employee Vehicle Inspection – Self Checklist is provided (see Appendix “C”).

**Accident Investigation Procedures:**

PCS, Inc. realizes some accidents are unpreventable. Drivers should seek medical attention immediately, if necessary. Post-accident procedures for supervisors and drivers are to secure the details of the accident and document the damage. Providing detailed facts of the accident will help the insurance carrier deter fraudulent third party insurance schemes.

All employees should have paper, a pen, and a disposable or digital camera in their vehicle. Drivers should document all details of the accident: traffic flow, speed limits, stop lights/signs, weather conditions, citations issued, etc. Pictures should be taken to document the extent of damage to all vehicles involved.

**Employee Owned Vehicles for Business Use:**

PCS, Inc. recommends that all business and personal miles be logged and tracked in a ledger.

Once again, our goal is to provide a safe working environment for all employees by protecting employees.

Prepared by:	Date:	Approved by:	Date:
Dale J. Brassfield	8/1/09	Dale J. Brassfield	8/1/09

*This vehicle safety policy is a guideline to reduce motor vehicle accidents. It may not prevent all accidents from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your licensed Auto Insurance representative or legal counsel to address possible compliance requirements.*

# **Appendix A**

## Notice to Employees

# Pacesetter Claims Service, Inc.

Vehicle Safety Policy  
Notice to Employees

Traffic-related motor vehicle accidents are the leading cause of work-related fatalities. The environment in which these accidents occur involves numerous complex factors, of which the majority is uncontrollable. The purpose of PCS, Inc's Vehicle Safety program is to provide the means to reduce such factors to eliminate unnecessary injuries and fatal circumstances. We value our employees not only as employees but also as human beings crucial to the success of their family, the local community, and Pacesetter Claims Service, Inc.

All employees are expected and required to actively participate in this program for their own health and well-being. PCS, Inc. encourages its employees to take a proactive approach in identifying and eliminating potential hazards.

MVRs will be requested periodically at a minimum of at least once per 3-years. Management reserves the right to use its discretion in determining an unsatisfactory MVR. As a guideline, (3) violations in the past three years will be grounds for an unsatisfactory MVR and cause for termination and/or disciplinary actions.

PCS, Inc. conducts, at its discretion, random drug and alcohol testing. Driving under the influence of alcohol or other illegal substances is grounds for termination.

We encourage all employees to maintain their vehicles. PCS, Inc. realizes a proper working vehicle is the first step to ensuring everyone's safety.

All employees should have paper, a pen, and a disposable or digital camera in their vehicle. Drivers are required to document all details of the accident: traffic flow, speed limits, stop lights/signs, weather conditions, citations issued, etc. Pictures should be taken to document the extent of damage to all vehicles involved. REPORT ALL ACCIDENTS IMMEDIATELY TO YOUR HR Department OR SUPERVISOR.

\*\*\*Use of seatbelts and other safety devices is mandatory\*\*\*

I have read and understand Pacesetter Claims Service, Inc's Vehicle Safety Policy, and its requirements and expectations of me as an employee.

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Employee's Signature

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Date

# **Appendix B**

## Our Pledge to You

# Pacesetter Claims Service, Inc.

Vehicle Safety Policy  
Our Pledge to You

We expect our employees to demand the resources and support to adhere to this Vehicle Safety Policy. Our pledge to you ensures your safety concerns will be met.

We pledge to:

Provide a safe working environment.


Express to all employees the importance of maintaining their vehicles on a regular schedule.

Establish schedules that allow you enough time to obey speed limits and that limit your hours of vehicle operation time according to the regulations.

Coordinate job duties as to provide you the proper rest both physically and mentally.

If you identify a hazard, or unsafe procedure, please notify us immediately so we can review the situation and make corrections accordingly. Together we can create a safe working environment!

Name: Dale J. Brassfield  
Printed

Signature:   
President

# **Appendix C**

## Vehicle Inspection Checklist

# Pacesetter Claims Service, Inc.

## Employee Vehicle Inspection - Self Checklist

Date:	Location:	Year:
Make:	Model:	
Vehicle Tag Number:	Mileage:	

<b>Item to be checked</b>	<b>Pass</b>	<b>Fail</b>	<b>Item to be checked</b>	<b>Pass</b>	<b>Fail</b>
Headlights			Instruments - Gauges		
Taillights			Horn		
Turn Signals			Windows – Windshield		
Brake Lights			Windshield Wipers - Washers		
Reflectors			Speedometer		
Tires and Rims			Steering		
Battery			Brake System		
Radiator & Hoses			Seat Belts		
Exhaust System			Seats		
Suspension			Heater/Defroster		
Fuel System			Mirrors		
Oil – Water Leaks			Safety Equipment		
Water Level			Accident Kit		
Transmission			Other		

Body Damage: (Describe):

Remarks:

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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