

Independent Contractor Questionnaire

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814



For TDIC to consider excluding the payroll for the individual, the named insured must sign and complete this form. Incomplete forms will result in TDIC including the payroll of the individual in the total audited payroll. Please submit the completed 2-page form by email to: wcaudits@tdicins.com or by fax: (877) 801-7485.

Named Insured	
Audited Policy Term	Policy Number

Signature (named insured only) _____ **Date** _____

Name & Title of Independent Contractor: _____

Services Provided: _____

Total paid (during audited policy term): \$ _____

1. How is the individual paid? Salary Hourly % of Individual's Production % of Net Collections
 Set Fee per Day Fee per Job Completed (i.e. Special Surgery, IV Sedation, etc.)

How often is the individual paid? Daily Weekly Bi-Weekly Monthly Quarterly Annually

If paid differently than above, please explain: _____

2. Who determines the individual's work schedule and must the practice owner authorize time off?

Please explain: _____

What is the individual's typical work schedule? Please explain: _____

3. How long has the individual been providing their services to your practice? Years _____ Months _____ Weeks _____

How long will the individual continue to provide their services? Please explain: _____

4. Are the individual's services part of the services the practice regularly provides? Yes No

If no, how are they different? _____

5. Does the individual have a business separate from your practice? Yes No

If yes, please provide the individual's website URL, their separate office location, phone number and number of employees, if any.

Address: _____

Website URL: _____ Phone: _____ # of Employees: _____

If the individual does not have a website or separate business location, how do they advertise the services for their business?

Please explain: _____

6. Do you in any way supervise or instruct the individual on how to complete the work they provide? Yes No

7. Does the individual provide their services for other businesses? Yes No

8. Does the practice provide equipment, tools, support staff or any other supplies to the individual Yes No

If no, do you reimburse the individual for any supplies? Yes No

9. Does the practice owner have the right to terminate the individual at will, with or without cause? Yes No

If no, provide a copy of the individual's employment or independent contractor agreement.

10. Does the individual work for a temporary employment agency? Yes No

Does the temporary employment agency provide workers' compensation insurance for the individual? Yes No

If yes, please provide proof of workers' compensation coverage effective during the audited term.

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Please answer the next section of questions **only** if the individual is a dentist or dental specialist of any kind (such as: a general dentist, orthodontist, periodontist, endodontist, anesthesiologist, oral surgeon, prosthodontist, or a pediatric dentist).

Dental License #: _____ **Dental Specialty** _____

1. Who determines the scope of dental treatment provided, and the general overall treatment plan for each patient treated by the individual? Also, please include a brief list of the typical procedures the individual performs according to these treatment plans.
Please explain: _____

2. What involvement does the practice owner have in the execution of the treatment plan proposed or provided by the individual? Does the practice owner provide any oversight to the individual?
Please explain: _____

3. Who sets the fees the practice charges patients for the individual's services?
Please explain: _____

4. Does the individual have their own patient base that they are treating in your office? If so, approximately how many patients are in this patient base outside of friends and family?
Please explain: _____

5. If the individual wishes to refer a patient to another dentist or specialist outside of the practice, must they obtain the practice owner's approval? Yes No
6. Does the individual hire his/her own employees to assist in performing work for the practice? Yes No
If so, please provide proof of workers' compensation coverage for the individual during the audited policy period.
7. Can the individual choose which patients to accept while working at the practice? Yes No
8. Can the individual choose which dental plans to accept while working at the practice? Yes No
9. What equipment, instruments or supplies does the individual provide while working with you?
Please explain: _____

10. Does the individual pay for the use of the practice's facilities, equipment, instruments, or supplies? Yes No
If yes, please provide details of the arrangement: _____

Additional Information:
