

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK

Affiliated NICA Company: ARCH EXPRESS INC. MO0652

Name: First: _____ Middle: _____ Last: _____

Address: _____ Apt. #: _____

City/Town: _____ State: _____ Zip: _____ County: _____

Mailing address if different: _____

Social Security # _____ Date of Birth: ____/____/____ E-mail: _____
(for insurance use only)

Business Phone: () - _____ Cell/Pager: () - _____ Home Phone: () - _____

Existing Previous NICA Member If so, which NICA Affiliated Company: _____

Compliance Information

Business Name or Desired IC Business Name: _____

I already have a filed business name; filed city business license Federal ID # _____

Type of Entity: Sole Proprietor Corporation Partnership LLC Other: _____

Sex: Male Female Marital Status: Single Married Divorced
(For insurance use only)

Transportation Information

Type of Vehicle: Car Biker Cube/Box Truck (up to 18 feet) Straight Truck
 Pickup/Van Moped/Motorcycle Van Tractor Trailer

Year _____ Make: _____ Model: _____ State Registered: _____

Lic Plate #: _____ VIN# _____ Driver's Lic. State: _____

Driver's License #: _____ Current Auto Insurance Carrier: _____

Do you: Own *Lease *Finance *Leasing or Financing Co: _____

Contract/Work History

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Contact: _____ Contact: _____

Dates: From _____ To _____ Dates: From _____ To _____

Position: _____ Position: _____

Education: GED High School Some College College Graduate

Vocational Training: _____ Licenses/Certificates: _____

Insurance Beneficiary: _____ Phone# _____ Relationship: _____

To the best of my knowledge the above information is accurate and truthful. I understand that I am completing this information in order to contract my services as a self-employed Independent Contractor and not as an employee of any company. **I understand that I must submit a photocopy of my driver's license.**

SIGNATURE: _____ DATE: _____