



Freelancers Union Insurance Eligibility Application Client Information Form

SECTION A – Please enter all information listed below

Name (Last, First, Middle Initial) _____ Member ID Number _____

Daytime Phone: _____ E-mail address: _____

Please select the industry you work in:

- Arts, Design & Entertainment Domestic Childcare Giver¹ Financial Services Media & Advertising
 Nonprofit Skilled Computer User² Technology Traditional or Alternative Health Care Provider

Occupation: _____ Job Description: _____

SECTION B - Please enter as many clients as needed to meet the hour/earnings requirements listed online. (NOTE: If you own your own business or are a health care provider, enter your own business information below and submit one of the following with your application: Incorporation certificate, d/b/a certificate, Certificate of authority to collect taxes, Corporate tax return, or Professional license)

CLIENT INFORMATION

	Client 1
Client/Company Name:	
Industry:	
Your occupation/title:	
Website:	
Address:	
EIN/Federal ID:	
Month and Year of Incorporation:	

	Client 2
Client/Company Name:	
Industry:	
Your occupation/title:	
Website:	
Address:	
EIN/Federal ID:	
Month and Year of Incorporation:	

¹ Non-institutional and other than for a child to whom the individual is related.

² You qualify as a Skilled Computer user if your paid work involves: a) the use of specialized software (i.e. Quark, Avid, Auto CAD), b) web design, development, or content, c) computer programming, or d) information technology or technology support.



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	Client 3
Client/Company Name:	
Industry:	
Your occupation/title:	
Website:	
Address:	
EIN/Federal ID:	
Month and Year of Incorporation:	

	Client 4
Client/Company Name:	
Industry:	
Your occupation/title:	
Website:	
Address:	
EIN/Federal ID:	
Month and Year of Incorporation:	

	Client 5
Client/Company Name:	
Industry:	
Your occupation/title:	
Website:	
Address:	
EIN/Federal ID:	
Month and Year of Incorporation:	

I hereby certify that, to the best of my knowledge, the information I have provided on this form is complete and accurate. I understand that if I knowingly, and with the intent to defraud, submit materially false information, I may be subject to civil and criminal penalties under applicable law.

Signature _____

Date _____

A determination by Freelancers Union that you meet the criteria for participation in Freelancers Union's programs does not guarantee the issuance of insurance coverage to such individual. Freelancers Union is not an insurance company. Freelancers Union is the holder of one or more group policies issued by insurance companies. In the event Freelancers Union determines that you meet the program participation rules, the issuance of insurance coverage to you remains subject to the final approval of the applicable insurer(s), which may apply underwriting and other coverage criteria to the extent permitted by law.