T2 INSURANCE SOLUTIONS LLC

YOUR WORKERS COMPENSATION SOURCE

Policies and Procedures

_____ 1. I understand that this company has gone to great lengths to provide a safe work environment for me. I also understand that, if injured on the job, this company has insurance that will pay for my medical expenses and any lost wages. Finally, I understand that this company will investigate all injuries and will fight fraudulent claims to the greatest extent possible.

_____ 2. I understand that if there is any unexpected change in my work assignment that I will contact the company as soon as possible.

_____ 3. I understand this company's requirements for documenting my hours worked, the method of providing this information to the company and the time frame for me to provide this information to the company. I further understand that this company will not recognize or pay for any hours worked by an employee without proper documentation verifying the hours worked.

_____ 4. I understand that this company has an active modified duty program and that if I am injured on the job that this company will do everything possible to get me back to work as soon as possible.

_____ 5. This company has a strict Substance Abuse Policy that I have read, understood and signed. I understand that my failure to comply with this policy will be grounds for termination.

_____ 6. I will inform my site supervisor and this company immediately if I sustain an on the job injury.

_____ 7. I understand and will comply with the company's safety rules and regulations as explained to me in the company's orientation. Failure to comply with these safety rules and regulations may be grounds for termination.

_____ 8. I understand that I am an employee of this company and not the client location where I work and that only I or the company can terminate my employment.

_____ 9. When my assignment ends, I must report this to the company for my next job assignment. Failure to do this or accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.

_____ 10. I understand that I am expected to complete the job assignment that I accept. I further understand that if I do not complete or promptly notify the company of my inability to complete the assignment, or if I do not report for my assignment then this company can assume that I have voluntarily quit and I will not be eligible for unemployment benefits.

_____ 11. I understand that if for some unexpected reason (illness, emergency, etc.) that I cannot make it to work or will be late that I will contact the company as soon as possible.

I have read and fully understand the above statements regarding the company's policies and procedures and agree to the same. I further understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

Applicant Signature: _____ Date:_____

Company Representative:_____ Date:_____