RIDESHARE INDEPENDENT CONTRACTOR GAP COVERAGE ACKNOWLEDGMENT

Date: [Insert Date]

To: [Company Name/Platform Name]

From: [Contractor Full Name]

Contractor ID/Email: [Insert ID or Email]

Subject: Acknowledgment of Insurance Requirements and Gap Coverage Responsibility

I, [Contractor Full Name], hereby acknowledge that I am performing services as an independent contractor for [Company Name] (the "Company"). I understand that my relationship with the Company is that of an independent contractor and not an employee.

Regarding insurance coverage, I acknowledge and agree to the following:

- **Personal Auto Policy Limitations:** I understand that most standard personal automobile insurance policies contain exclusions for "commercial use" or "livery" services, which may void coverage while I am logged into the [Company Name] mobile application.
- **Coverage Gaps:** I am aware that a coverage gap may exist during "Period 1" (when the app is on and I am waiting for a request) and that the Company's commercial policy may provide limited or no coverage for my vehicle's physical damage during this time.
- **Requirement for Gap Coverage:** I acknowledge that it is my sole responsibility to notify my personal insurance carrier of my status as a rideshare driver and to obtain a "Rideshare Endorsement" or specific "Gap Coverage" to ensure I am protected at all times.
- **Liability:** I understand that failure to maintain adequate insurance or gap coverage may result in personal financial liability for damages, injuries, or legal fees arising from an accident.

By signing below, I confirm that I have been advised of the importance of gap coverage and that I assume all risks associated with any lack of insurance coverage resulting from my activities as an independent contractor.

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Contractor Signature

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Date signed