

TO: \_\_\_\_\_, a Vermont Municipality:

### NON-EMPLOYEE WORK AGREEMENT

Under 21 VSA § 601 (14) (F), sole proprietors and partner owners of an unincorporated business whose work: is distinct and separate from the municipality's work; who control the means and manner of the work performed; hold themselves out as in business for themselves; hold themselves out for work for the general public and do not perform work exclusively for or with another person; and are not treated by the municipality as an employee for purposes of income or employment taxation with regard to the work performed; are not considered workers or employees of the municipality.

#### To be completed by Municipality:

- Work to be performed \_\_\_\_\_
- Written contract? (circle one) **Yes** **No** If yes, attach a copy of the contract. (If no, Stop! Cannot use form)
- Beginning and end date of work: \_\_\_\_\_
- Could this work be considered a normal municipal function? \_\_\_\_\_
- Is this type of work also performed by a town employee? \_\_\_\_\_
- Do you have necessary equipment (owned, leased, rented, borrowed or shared) to perform this work?

#### To be completed by Contractor:

Undersigned, sole proprietor, or partner owner of an unincorporated business, of \_\_\_\_\_ (name of business), of \_\_\_\_\_ (business address), hereby certify that I am aware of my right to purchase Workers' Compensation insurance and have elected, to purchase Workers' Compensation coverage as described below or, not to purchase Workers' Compensation insurance coverage: (Check one)

Undersigned, hereby attests I have procured Workers Compensation Insurance Coverage from:  
Carrier: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_  
Limits of Liability: \_\_\_\_\_  
(Attach a valid Certificate of Insurance)

Undersigned, hereby attests that I am a sole proprietor, or partner owner of an unincorporated business, and as such am not considered to be a worker or employee under the provisions of 21 VSA § 601 (14).

I affirm that:

- I am not a worker or employee of \_\_\_\_\_ (municipality);
- I am working independently;
- I have no employees; and
- I have not contracted with other independent contractors;
- I understand that I have the right to purchase workers compensation insurance, and I have elected not to purchase workers compensation insurance coverage.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Municipal Representative Signature: \_\_\_\_\_

(See other side for liability hold harmless agreement)

**LIABILITY HOLD-HARMLESS AGREEMENT**

**for use with  
Sole Proprietors and Owner Partners of Unincorporated Businesses**

In consideration of the agreement of \_\_\_\_\_ (municipality) to engage my company and me to perform certain services for the Municipality, \_\_\_\_\_ (company) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless \_\_\_\_\_ (municipality) its officers, agents and employees from and against any and all claims, demands, liabilities, actions, judgments, settlements, damages, costs and expenses (including attorney's fees and disbursements) for injury to or death of any person, including myself, or damage to property arising out of or resulting from any material, product, equipment, vehicle or service supplied by the company or by me, or the agents, servants or employees of either, or from any action or failure to act on the part of myself or the company, or the agents, servants or employees of either, while performing services for, at the behest of, under contract with or on the premises of \_\_\_\_\_ (municipality).

Valid, current, certificate of insurance is attached.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Sign Name: \_\_\_\_\_

**(See other side for non-employee work agreement)**