

Non-Employee Work Agreement

(This agreement does not pertain to incorporations, attorneys, purchases or rentals.)

TO: Town of Milton ~ 43 Bombardier Road ~ Milton VT 05468-3205 ~ 893-6655

The undersigned, sole proprietor, or partner owner of the unincorporated business:

(Print Complete Name of Business)

(Print Complete Business Address)

Hereby certify that I am aware of my right to purchase Workers' Compensation insurance as outlined below or not to purchase Workers' Compensation Insurance to cover the scope and dates of work to be performed outlined below:

Scope of work and year(s) work is to be performed.

Under 21 VSA § 601 (14), 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 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.

__Undersigned hereby attests Workers' Compensation Insurance has been procured from:

Carrier (Attach a Valid Certificate of Insurance)

OR

__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 Under 21 VSA § 601(14).

I affirm that:

- I am not a worker or employee of the Town of Milton;
- 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.

Printed Name

Signature and Date

Printed Name of Witness

Witness Signature and Date