**NON-EMPLOYEE WORK AGREEMENT**

To qualify an individual or entity as an independent contractor and therefore not considered workers or employees of the municipality, under 21 VSA § 601 (14) (F), a sole proprietor or partner owner(s) of an unincorporated business must meet all the following:

* Contractor’s work is distinct and separate from the municipality’s work.
* Contractor controls the means and manner of the work performed.
* Contractor holds themselves out as in business for themselves.
* Contractor holds themselves out for work for the general public and does not perform work exclusively for or with another person.
* Contractor is not treated by the municipality as an employee for purposes of income or employment taxation with regard to the work performed.

**Further, under 21 VSA § 601 (14) (H)**, executive officers of an LLC who have elected to exclude themselves from workers’ compensation coverage shall not be considered employees of the municipality.

**To be completed by Municipality:**

Municipality Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start and end date of work:

Separate written contract (such as PACIF Model Contract for Limited Services): ❑ **Yes** ❑ **No**

If **yes**, attach a copy of the contract.

If **no**, attach documentation explaining scope of work performed and payment details.

Could this work be considered a normal municipal function? ❑ **Yes** ❑ **No**

Is this type of work also performed by a town employee? ❑ **Yes** ❑ **No**

Do you have the necessary equipment (owned or otherwise) to perform this work? ❑ **Yes** ❑ **No**

**To be completed by sole proprietor, or partner owner of an unincorporated business:**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELECT ONLY ONE OPTION BELOW:**

❑ Undersigned, hereby attests I **have procured** and will maintain Workers Compensation Insurance Coverage from:

Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limits of Liability: ❑ $1,000,000 ❑ $2,000,000 ❑ $3,000,000 ❑ $4,000,000 ❑ $5,000,000 ❑ Other\_\_\_\_\_\_\_\_\_\_

(Attach a valid Certificate of Insurance)

❑ Undersigned, hereby attests that I have the right to purchase Worker’s Compensation insurance and **I have opted not to procure** said coverage because 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).

Per the selection above I affirm that:

* I am not a worker or employee of the municipality indicated above;
* I am working independently;
* I have no employees;
* I have not contracted with other independent contractors;

I attest that the selection made above is true and accurate to the best of my knowledge:

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

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

On Behalf of (entity name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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