



**City of South Burlington**  
575 Dorset Street, South Burlington, VT 05403

**NON-EMPLOYEE WORK AGREEMENT**

Undersigned, hereby attests I have procured Workers Compensation Insurance Coverage from:

Carrier: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

(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 21 VSA § 601 (14).

I affirm that:

- I am not a worker or employee of the City of South Burlington;
- 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.

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.

Scope and dates of work 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 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.

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

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

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

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