

LIABILITY HOLD-HARMLESS AGREEMENT

For use with
Sole Proprietors and Owner Partners of Unincorporated Businesses

In consideration of the agreement of the Town of Waitsfield 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 the Town of Waitsfield, 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 the Town of Waitsfield.

Date: _____ Print Name: _____
Witness: _____ Sign Name: _____

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

TO: The Town of Waitsfield, a Vermont Municipality:

NON-EMPLOYEE WORK AGREEMENT

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.

☐ 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 the Town of Waitsfield;
- 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: _____

Witness: _____ Sign Name: _____

(See other side for liability hold harmless agreement)