

**TOWN OF BARNARD, VERMONT  
NON-EMPLOYEE WORK AGREEMENT**

For Unincorporated Sole Proprietors Without Workers' Compensation Insurance

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

Beginning and end date of work: \_\_\_\_\_

With my signature below, I affirm the following:

- ✓ I have a separate written contract for this work, which is attached.
- ✓ I have the necessary equipment to do this work.
- ✓ I am not a worker or employee of the Town of Barnard.
- ✓ I am working independently.
- ✓ I have no employees.
- ✓ I have not contracted with other independent contractors.

Sole Proprietor Name: \_\_\_\_\_

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

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

I affirm 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). I attest that this statement is true and accurate to the best of my knowledge:

Printed Name: \_\_\_\_\_

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

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