

# HOLD HARMLESS AGREEMENT

TO: City of St. Albans

I, \_\_\_\_\_, sole proprietor of \_\_\_\_\_, of \_\_\_\_\_, hereby certify that I am aware of my right to purchase Workers' Compensation insurance and have elected not to purchase Workers' Compensation insurance coverage.

Pursuant to the provisions of 21 VSA § 601 (14), sole proprietors who are independent, with no employees and whose contract work is separate and distinct from that of the contracting entity, and performed pursuant to a written agreement affirming these facts, are exempt from carrying Workers' Compensation coverage.

I, \_\_\_\_\_, hereby attest that I am a sole proprietor exempt from carrying Workers' Compensation coverage under the provisions of 21 VSA § 601 (14), and I affirm that:

- I am not an employee of the City of St. Albans;
- I am working independently;
- I have no employees; and
- I have not contracted with other independent contractors.

In consideration of the agreement of the City of St. Albans to engage my company and me to perform certain services for the City of St. Albans (company) and I agree, and for my heirs, executors and administrators agree to indemnify, defend and hold forever harmless the City of St. Albans 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 City of St. Albans.

Date Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(signature)

For Services Rendered: \_\_\_\_\_  
(specify type of service)

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date) (date)

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