



INDEPENDENT CONTRACTOR CERTIFICATION OF INSURANCE

This is to certify that:

1. _____ is an independent contractor performing a contract for the **Town of Black Mountain**, either by a verbal contract (contracts under \$500.00) or by purchase order (contracts of \$500.00 or more), and not eligible for Workers' Compensation on the Town's policy while performing the contracted service for the Town.
2. Section A below applies to the above-named contractor: _____
(initials of signer)

OR

Section B Below applies to the above-named contractor: _____
(initials of signer)

Section A:

1. (I) (We) have obtained Workers' Compensation insurance as required by state and federal law and am attaching Certification of Insurance from my insurance carrier.
2. (I) (We) will maintain the required Workers' Compensation insurance for the entire duration of any contract being performed for the Town of Black Mountain.

Section B:

1. (I) (We) are not required by law to provide Workers' Compensation Insurance and hereby hold the Town of Black Mountain harmless for any injury to myself or my employees while performing any contracted service for the Town of Black Mountain.

This certification was not signed under duress.

Contractor's Signature

Date: _____

Subscribed and sworn to before me in my presence this _____ day of _____, 20___. County of _____ State of _____.

Notary Public _____ My commission expires the _____ day of _____, 20__.