**SUB-CONTRACTOR AGREEMENT**

THIS IS A LEGALLY BINDING CONTRACT, READ THE ENTIRE DOCUMENT, INCLUDING ANY ATTACHMENTS.  IF YOU HAVE ANY QUESTIONS, CONSULT YOUR ATTORNEY AND/OR ACCOUNTANT BEFORE SIGNING.

1. DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Name of your business (if any, dba): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. Contact information: (\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_.com
6. RESPONSIBILITIES:

1) As an Independent Sub-Contractor you are responsible for your own taxes, insurance or other required documentation needed for any particular job site you may be asked to participate in.

2) You are responsible for getting to any particular job-site in your own vehicle or by other means of your choice.

3) You are responsible for your own food, water or other means of subsistance while on any particular job site.

4) You are a Professional and as such you are required to carry and obtain your own tools to perform the job at hand.

5) The only responsibility you will have to us as the Contractor(s) is in performing the particular job in a timely and in a professional manner as we require.

6) As a Sub-Contractor it is your responsibility to keep any hours or to schedule your hours for any particular job site. We as the Contractors will not keep track of your hours or tell you when to perform your duties you have contracted with us to perform.

7) It is our responsibility to our Customer/Client to get any particular job performed in a timely and effiecient manner. If we ascertain that you are not keeping your Agreement with us in fulfilling our Customer and Clients needs we have the right to terminate any contract/agreement/payment or other means we have made with you.

1. REQUIREMENTS:

1) You are required to obey all laws as they pertain to any particular jobsite.

2) You are required to wear the appropriate safety gear as established on any particular job site.

3) If the required work we offer is not completed in a timely fashion we are not required to pay you as a Sub-Contractor.

4) You are required to turn in a bill prior to commencing work on any particular job site to we the Contractors.

1. PAYMENTS FOR WORK PERFORMED:

1) As the Contractors we are bound to pay you for work you have performed, however, if after inspection of your work we ascertain it is not of a professional manner than we will not be obligated too pay.

2) If after submitting your bill to us (the Contractors) you do not perform any work we will not be obligated to pay your submitted bill.

1. SUB-CONTRACTOR STATUS:

As a Sub-Contractor you have the right to come and go from a job site as you see fit so long as it does not disrupt any other Contractors/Employees/Sub-Contractors or any other disruption. And, so long as it does not disrupt a time-line we as the Contractors have with our Customer(s)/Client(s). As a Sub-Contractor you have the right to schedule yourself how you see fit so long as it does not interfere with our Customer or Client time line for any particular job being finished.

1. CANCELLATION OF THIS AGREEMENT:

You have the right to cancel this Agreement at anytime and we have the right to cancel this Agreement at any time.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUB-CONTRACTOR SIGNATURE DATE

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTOR SIGNATURE DATE

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME