



RIVERSTONE
COMMUNITIES

Contractor Certification

This is to certify that I am an independent contractor by definition of the Internal Revenue Code Regulation 31.3401(d) – 1(h), whereby I am a worker who is subject to control and direction only as to the result of his work and not as a means. The contracting party is only interested in the result obtained by the Independent Contractor and the Independent Contractor shall be responsible for providing all the tools and/or materials required for performance of the tasks agreed to. The contracting party provides no benefits such as unemployment insurance, health insurance or workman's compensation insurance to the independent contractor. As an independent contractor I realize I must provide the contracting party with a certificate of insurance evidencing general liability and workman's compensation coverage listing Riverstone Communities, LLC as the additional insured. I further realize I will be taxed as a self-employed individual and am responsible for payment of all federal, state, and local income taxes including social security.

The Independent Contractor hereby agrees to indemnify and hold harmless, Riverstone Communities, LLC and it's shareholders, directors, officers, managers, members, employees, agents and representatives from, against, and in respect of any and all loss, liability or damage suffered or incurred by Riverstone Communities (including legal fees and actual costs and expenses) by reason of any untrue representation by the Contractor, in this Agreement or otherwise; and/or by reason of Contractor's negligence, malfeasance, gross negligence or fraud in the performance of its duties covered by this Agreement; and/or by reason of Contractor's failure to have in force any of the insurance coverage's that Contractor hereby purports to have.

The subcontractor represents and warrants that it is in compliance with and agrees that it will remain in compliance with the provisions of the Immigration Reform and Control Act of 1986, including but not limited to the provisions of the Act prohibiting hiring and continued employment of unauthorized aliens, requiring verification and record keeping with respect to identity and eligibility for employment, and prohibiting discrimination on the basis of national origin, United States citizenship, or intending citizen status.

Independent Contractor: _____

Mailing Address: _____

Signature: _____ Date: _____

Tax ID# (attach W-9): _____ Phone: _____

Park Manager's Signature: _____

Manager's signature indicates that all paperwork (certificate of liability including worker's comp and W-9) has been received and is attached to this form.