CONTRACTOR SAFETY AGREEMENT

This Contractor Safety Agreement **must** be completed by all contractors who perform services on any Town owned, leased, or otherwise controlled premises. **Before** the Contractor begins performance of the contracted services a signed copy of this Agreement and the following information **must** be acknowledged and documentation attached.

Liability Insurance coverage (Minimum $2 million)	☒ **Yes**	**Policy#** _____
Workers Compensation coverage	☒ **Yes**	**WCB#** _____
Workers Compensation Exempt	☒ **Yes**	**TOSL Director's Initial**_____
Town of Sylvan Lake Business License	☒ **Yes**	**License#** _____

It is the Contractor's responsibility to notify their Town contact if any of the above information changes.

I have completed and understand the Town of Sylvan Lake's Contractor's Safety Presentation ☒ **Yes**

I hereby acknowledge that it is the responsibility of the Contractor to ensure that all safety rules and good safety practices including Occupational Health & Safety Regulations and the Town of Sylvan Lake's Health & Safety Policy are followed when working on Town owned, leased, or otherwise controlled premises. The Contractor will provide the necessary safety equipment and perform the required services in such a manner as to eliminate the cause of personal injuries and accidents.

Contractor Safety Agreement Acknowledgement

The Contractor Safety Agreement has been read and its conditions are hereby accepted by the undersigned on behalf of the Contractor and its employees, agents, subcontractors, and subcontractor employees and agents.

The undersigned assumes full responsibility to inform its employees, agents, and subcontractors about this Contractor Safety Agreement, and agrees that it will conform and will have all employees, agents, and subcontractors conform with this Contractor Safety Agreement at all times while on the premises controlled by the Town. It is further understood that any person not conforming to the Contractor Safety Agreement **will not** be permitted to perform services on such premises.

It is further understood by the undersigned that compliance with this Contractor Safety Agreement is a continuing requirement and that in consideration of the undersigned accepting any contract to be performed on Town premises, the acceptance of and compliance with these conditions will be automatically continued from job to job for a period of one year from date the Contractor Safety Agreement was signed, unless written notice revoking such acceptance is given by the undersigned to the Town, to which this Contractor Safety Agreement was originally submitted.

CONTRACTOR:	**TOWN OF SYLVAN LAKE:**
Company Name:	Employee Name (Town Contact):
Representative Name:	Employee Department/Title:
Representative Signature:	Employee's Signature:
Title:	Date: