## TEXAS WORKERS' COMPENSATION COMMISSION Southfield Building, 4000 south IH-35 Austin, Texas 78704

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

Texas Workers' Compensation Act, Texas Labor Code, Section 406.121(2) defines "independent contractor" as follows: (1) "Independent contractor" means a person who contracts to perform work or provide a service for the benefit of another and who ordinarily: (A) acts as the employer of any employee of the contractor by paying wages, directing activities, and performing other similar functions characteristic of an employer employee relations: (B) is free to determine the manner in which the work or service is performed, including the hours of labor of or method of payment to any employee: (C) is required to furnish or have his employees, if any, furnish necessary tools, supplies, or materials to perform the work or service; and (D) possesses the skills required for the specific work or service.

## AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO ESTABLISH INDEPENDENT RELATIONSHIP

## Notice of Agreement

The undersigned General Contractor and the undersigned Subcontractor hereby declare that:

- (A) the Subcontractor meets the qualifications of an Independent Contractor under Texas Workers' Compensation Act, Texas Labor Code, Section 406.121;
- (B) the Subcontractor is operating as an independent contractor as that term is defined under Section 406.121 of the Act;
- (C) the Subcontractor assumes the responsibilities of an employer for the performance of work; and

(D) the Subcontractor and the Subcontractor	's employees are not	employees of the Ger	neral Contractor for purposes of the Act.
	TERM (DATES) (	OF AGREEMENT:	FROM:
			TO:
Name of General Contractor		Name of Subcontractor	
LOCATION OF EACH AFFECTED JOB SITE (OR STHIS IS A BLANKET AGREEMENT):		Estimated number of employees affected:  THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE DATE IT IS SIGNED	
<u>G</u>	General Contractor	's Affirmation	
			Federal Tax I.D. Number
Signature of General Contractor	Date	Address	s (Street)
Printed Name of General Contractor		Address	s (City, State, Zip)
	Subcontractor's	Affirmation	
			Federal Tax I.D. Number
Signature of Subcontractor	Date	Address	s (Street)
Printed Name of Subcontractor		Address	s (City, State, Zip)
The General Contractor should retain the original. The	e Subcontractor should	also retain a copy of the	agreement. This form is not required to be filed



with the Division, and may be provided to the insurance carrier.