INDEPENDENT CONTRACTORS AGREEMENT

| This agreement made this by and between | day of, 20 | 0 at the city of Morton Grove, in the state of Illinois, |
|---|--|---|
| | The Quilter | r's Palette, Inc |
| | (hereinafter refer | rred to as the "Owner") and |
| NAME: | : | |
| ADDRESS: | | |
| | (hereinafter referred to as the | he "Independent Contractor"). |
| | WITN | ESSETH: |
| | ein set forth and the Owner desires | ontract with the Owner to perform the Work described herein on s to have said work performed by the Independent Contractor on |
| NOW, THEREFORI parties hereto agree as follow | | es and mutual covenants and agreements herein set forth, the |
| | | or necessary to (the Work"). |
| purchased by the Independent receive any benefits that the C | at Contractor at its own expense. It Owner provides or may provide for | . Workman's Compensation Insurance, if ependent Contractor, its agents and employees shall be Independent Contractor and its employees, if any, shall not or the Owner's employees. |
| | ion. Any alteration or deviation fi | workmanship-like manner for the sum of \$ from the described work above involving extra costs shall be |
| relationship between them and Owner shall have no control a | nd that no employer/employee or nand shall have no right of control ent. Owner is interested only in the | this Agreement establishes an independent contractor master/servant relationship shall be created between the parties. over the Independent Contractor's performance of the Work he results to be achieved and the conduct and control of the |
| losses, claims, damages, liabil against the Owner by the Inde | ilities, costs, attorney's fees and o ependent Contractor, its agents or | harmless, and defend the Owner from and against any and all ther expenses of every nature whatsoever incurred by or asserted employees or any third persons due to personal injury or erformance of the Work contemplated by this agreement. |
| 5. The Independent Federal Employer's Identification | Contractor hereby represents to tation Number is | he Owner that the Independent Contractor's Social Security or |
| understandings and representa | tations are superseded hereby and | etween the parties and all prior or contemporaneous agreements, I merged herein. The invalidity of any provisions hereof shall be construed in all respects as if such invalid provision were |
| DATED: | | |
| Independent Contractor | | Owner/Management |