



Internal Services Department

HOLD HARMLESS AGREEMENT

Date of application: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ (approximate number)

Location requested: \_\_\_\_\_

Name of requesting organization: \_\_\_\_\_

Name of Event Organizer: \_\_\_\_\_

Organization's address: \_\_\_\_\_

Street address

City, State

Zip Code

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Period requested: From: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ To: \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

INDEMNIFICATION AND INSURANCE

Provider shall indemnify and hold harmless the County and its officers, employees and instrumentalities from any and all liability, losses or damages, including attorney's fees and cost of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, suits, demands, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Provider or its employees, agents, servants, partners, principals or subcontractors. Provider shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Provider expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Provider shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

Organizations or individuals making the request shall furnish to the County's Internal Services Department, 111 N.W. 1st Street, Suite 2300, Miami, Florida 33128, Certificate(s) if insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- A. Public Liability Insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit per occurrence for bodily and property damage. Miami-Dade County must be shown as an additional insured with respect to cover.
B. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work/event, in an amount not less than \$300,000 combined single limit occurrence for bodily injury and property damage.

Event's Representative on Scene:

Table with 4 columns: Print Name, Phone number, Signature, Date

ISD Building Management Comments:

\_\_\_\_\_

Table with 4 columns: Print Name, Phone number, Signature, Date

ISD Risk Management Approval or Disapproval / Comments:

\_\_\_\_\_

Table with 4 columns: Print Name, Phone number, Signature, Date

ISD Recommendations for Approval or Disapproval:

\_\_\_\_\_

Table with 4 columns: Print Name, Phone number, Signature, Date

Final Action:

Approved: [ ] Disapproved: [ ]

ISD Director or Representative from Mayor's Office Signature

Date