

MIAMI-DADE COUNTY People and Internal Operations Department

Hold Harmless Agreement

Date of application: Location requested: Name of requesting organization: Name of Event Organizer:	Number of Participants:		ints:	(approximate number)
Organization's address:	Street address	С	ity, State	Zip Code
Telephone number:	Fax number:		E-mail:	
Period requested: Fro	om: Time	Date	To:	Date
	INDEMNIFICATION			
Provider shall indemnify and instrumentalities from any a defense, which the County of of claims, suits, demands, or relating to or resulting from agents, servants, partners, p connection therewith and sh in the name of the County, or judgments, and attorney's fe that any insurance protection way limit the responsibility to employees, agents and inst	Ind all liability, losses of or its officers, employe causes of actions or pro- the performance of thi principals or subcontra- nall investigate and de- where applicable, inclu- ees which may issue the on required by this Agro o indemnify, keep and	or damages, in ses, agents or occeedings of a s Agreement k actors. Provide fend all claims iding appellate hereon. Provid sement or othe save harmles	including attorney instrumentalities any kind or nature by the Provider of ar shall pay all c s, suits or action a proceedings, a der expressly un erwise provided	y's fees and cost of s may incur as a result ire arising out of, or its employees, claims and losses in s of any kind or nature and shall pay all costs, inderstands and agrees I by Provider shall in no
Organizations or individuals Operations Department, 11 insurance which indicate tha as outlined below: A. Public Liability Insurance combined single limit pe shown as an additional i B. Automobile Liability Insu connection with the worl occurrence for bodily inj	11 N.W. 1 st Street, Suit at insurance coverage e on a comprehensive er occurrence for bodily insured with respect to urance covering all own k/event, in an amount	e 2300, Miam has been obt basis in an ar and property cover. ned, non-owne not less than \$	i, Florida 33128 ained which me mount not less t damage. Miam ed and hired vel	8, Certificate(s) of eets the requirements han \$300,000 hi-Dade County must be hicles used in



MIAMI-DADE COUNTY

People and Internal Operations

Department Hold Harmless Agreement

Print Name	Phone number	Signature	Date
OD Building Manageme		5	
Print Name	Phone number	Signature	Date
IOD Risk Management R	ecommendations for Approval	or Disapproval:	
Print Name	Phone number	Signature	Date
IOD Recommendations f	or Approval or Disapproval:		
Print Name	Phone number	Signature	Date
inal Action: Approved:	Disapproved:		