



## Special Event – Hold Harmless & Indemnification

CONTRACTOR: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

**INDEMNIFICATION.** Seller agrees to indemnify and hold City harmless from and against any claim, action, damages, costs (including, without limitation, attorney's fees), injuries, or liability, arising out of the Purchase or the order, or their performance. Should City be named in any suit, or should any claim be brought against it by suit or otherwise, whether the same be groundless or not, arising out of their product and/or performance, Seller will defend City (at City's request and with counsel satisfactory to City) and indemnify City for any judgment rendered against it or any sums paid out in settlement or otherwise. For purposes of this section "City" includes City's officers, elected officials, and employees. It is expressly understood and agreed that the foregoing provisions will survive termination of this order. The requirements as to the types and limits of insurance coverage to be maintained by Seller, and any approval of such insurance by City, are not intended to and will not in any manner limit or qualify the liabilities and obligations otherwise assumed by Seller pursuant to this order, including, without limitation, to the provisions concerning indemnification.

Below you will find a list relating to Insurance and other requirements that are required for doing business with the City of El Segundo. These items are MANDATORY. Policies will be endorsed to name the City, its officials, and employees as "additional insureds" under said insurance coverage and to state that such insurance will be deemed "primary" such that any other insurance that may be carried by the City will be excess thereto. Such insurance must be on an "occurrence," not a "claims made," basis and will not be cancelable or subject to reduction except upon thirty (30) days prior written notice to the City.

Workers' Compensation Insurance: as required by State Statutes. (Not needed if Self-employed with no employees and CONTRACTOR signs statement to this effect.) If you have no employees please sign here to certify: \_\_\_\_\_

**PLEASE NOTE: ALL APPLICABLE INFORMATION LISTED ABOVE MUST BE OBTAINED AND ON FILE, PRIOR TO, THUS AUTHORIZING COMMENCEMENT OF WORK FOR THE CITY.**

Submitted by (complete all applicable blanks):

Company Name:	By (Print name & title):
Company Street Address:	Vendor's Authorized Signature required:
City, State, Zip:	Date signed:
Phone:	FAX:
Vendor's Email address:	Vendor's Web site:

**If you have any questions, please call Joslyn Center at 310-524-2705.**