

## **HOLD HARMLESS AGREEMENT**

Date				
Vendor Name				
Address				
City	State		Zip	
Vendor Number				
Whereas,		(hereina	fter "Your Company"),	
Agrees that as an independent contrac Sign Incorporated. Your company will:		,	, ,	leased by Coast
Indemnify and hold harmless C expenses becuase of bodily inj property, or other related exper Except those claims due to the	iury, personal injury, emo nses arising out of or in a	otional distress, wron any way performed b	gful death, property damago y Your Company for Coast	e, loss of use of
Maintain in force at all relevant place of worker's compensation agents, officers and directors w Incorporated insurance certifica	n insurance) and employ who work on, install or ma	er's liability insurance aintain Coast Sign In	e covering all of Your Comp	any's employees,
This agreement shall be effective imme	ediately upon execution.			
Print name:		Title:		
Authorized Signature:		Date of S	Signature:	