



FOUNDERS PLACE

LIABILITY INSURANCE FORM

(Company Name) _____
Has provided their own business and/or personal liability insurance. Info provided below.

Provider _____
Agent _____
Phone Number _____
Policy Number _____
Effective Date _____

GENERAL TERMS AND CONDITIONS:

You are responsible for maintaining, at your own expense and at all times during the Term, personal property insurance and commercial general liability insurance covering:

- You and your Team Members for property loss and damage
- Injury to your Team Members and your Team Members' guests
- Prevention or denial of use of or access to, all parts of the Premises, in form and amount appropriate to your business.

You will ensure that FOUNDERS PLACE INDY and the landlord of the applicable Premises shall each be named as additional insureds on any such policies of insurance and that you waive any rights of subrogation you may have against FOUNDERS PLACE INDY and the landlord of the Premises.

You shall provide proof of insurance upon our request. If you choose not to provide your own insurance in accordance with the above terms, then you will need to sign a waiver accepting all personal liability.

I hereby agree to keep the above policy in good standing as long as I am a member of FOUNDERS PLACE - Indy. Initial _____

I have attached a copy of my liability insurance to keep on file. Initial _____

WAIVER OF LIABILITY OF INSURANCE

I hereby waive my right to carry business and/or personal liability insurance. I understand the legal implications of this choice and will not hold FOUNDERS PLACE - Indy or any of its holdings responsible for any legal ramifications. Initial _____

Signature _____
Date _____
FP Signature _____
Date _____